MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 212013 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL-RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY b. COUNTY 0 Prince George s
b. CITY OR TOWN (If outside corporate limits, Maryland Prince George's delay File pages 1 and 2 with the State Deportment c LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup write RURAL and give nearest town) Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Glen Arden e IS RESIDENCE ON A FARM? d. SIREET ADDRESS writing the word "pending" in pencil in Item 18. Give Pages 1, ' rworded to the Chief Medical Exominer's Office along with form NO -24 hours after death. I YES Prince George General Hospital 7925 Church Avenue NAME OF Middle 4 DATE Month Year DECEASED Allen (Type or print) Clarence DEATH Thomas IF UNDER 1 YEAR S. SEX DATE OF BIRTH AGE (In years IF UNDER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED deorff. lost birthdoy) Months WIDOWED DIVORCED Negro 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) COUNTRY? during most of working life, eyen if retired) 72 hours after INDUSTRY 13. FATHER'S NAME Washington be executed within IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (6) Bilateral hemothorax This certificate shauld and cardiac tamponade duy (Conditions, if ony, which gove From multiple gun shot wounds the certificate, writing the 4 should be farworded to rise to immediate couse (a), L DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of irem 18.) 3 shauld PRIMARY Gor CONTRIBUTING CAUSE OF DEATH. cremation, or Shot during altercation 20e PLACE OF INJURY (Home, form, · (County) 20c TIME OF INJURY Month, Doy, Year 20f. (City or town) (Stote) foctory, street, office bldg., etc.) Not While may be retained for yaur FUNERAL DIRECTOR: Poge 19 67 While Not While of work 8637 Irving St., Glen Arden, Md. 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection x, Inquiry x. and in my apinian the funeral director. death resulted fram: Natural Causes . / Accident Harnicide X Undetermined manner Suicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health priar SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Riverdale, Md. 2-13-67 John/Kehoe, M.D. NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City or Town) 50 REMOVAL (Specify) Anlington National 44. FUNERAL DIRECTOR HOS SONS Jenne Ave NE 4925 Denne Ave NE VR A15ME (5)

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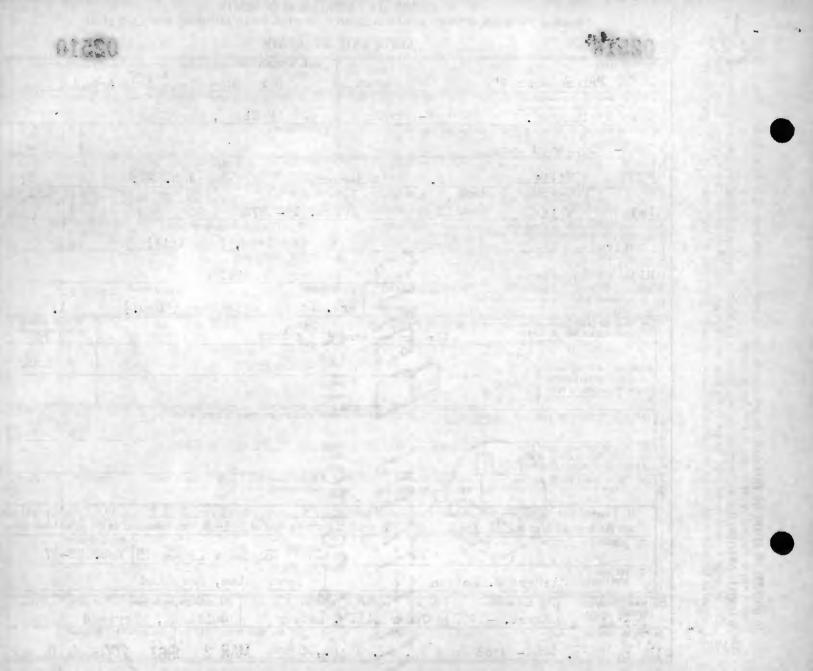
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02518 PHYSICIAN: The law requires that the death certificate Be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the attending physician and campletely filled in by the funeral sit permit. Then please remove carbon papers. Pages I and PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Prince George's Marvland MARYLAND Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 5- Months Shady Side . Maryland Camp Springs Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 5304- Middleton Lane YES XEX NO NAME OF Middle 4. DATE Year DECEASED F. Feb. 28th William 67 Anderson DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Months Davs Hours Nov. 15-1870 Male White WIDOWED XX DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY Maryland: Forestville Retired USA Farmer 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Vermillon Richard Anderson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. Same as (Yes, no, or unknown) (If yes give wor or dotes of service Mrs. Louise Jacobsen Dau. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO T O FUNERAL DIRECTOR: After this certificate fa 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [detached for te Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice blda., etc.) Not While ATTENDING at work ld be , 19 61, 10 2-28 19 67, that (1) (we) last 21. 1 certify that (1) (this hospital) attended the deceased fram 1-3 6 19 6), and that death accurred at 4:00 M, fram causes and an the date stated above. saw the deceased alive an 2 - 28 22b. DATE SIGNED 220. SIGNATURE-STAFF PHYS. MED. DIRECTOR Feb. 28-67 M.D. 22d. ADDRESS 70 HOSPITAL (Page 4 may b 22c. PHYSICIAN'S Brandywine. Maryland NAME (Type) Richard H. Bobson director, should be 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) March 2-1967 Cedar Hill Cemetery Suitland, Maryland 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR mmons Bros. MAR_2 1661- Good Hope Rd. SE. Wash. DC 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02519 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Prince George's County o. STATE Maryland b. COUNTY Prince George's MARYLAND requires that the death certificate be executed within 24 hours after and completely filled in by the f repaye carbon papers. Pages a any event, within 72 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Hyattsville 3-1/2 days Cheverly e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS 5006 - 54th Place YES NO K Prince George's General Hospital 3. NAME OF DATE Year Lost Doy DECEASED FEb. 17. 1967 (Type or print) William DEATH Baxter IF UNDER 24 HRS. IF UNDER 1 YEAR 9. AGE (In years lost birthday) 5. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Months Doys Hours DIVORCED WIDOWED 64yrs. Male White June 10 1902 64)
11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) SINDUSTRY EL COUNTRY ? please the attending physician sit permit. Then please pup Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Margaret Jackson or remova John Baxter 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Hvattsville, Md. 579 22 4819 Dorothy Ann Baxter crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH ANCHEATITIS ACUTE hemonnhagis DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), **DUE TO** stoting the underlying couse has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YESXX NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) Hour o.m. Not While foctory, street, office bldg., etc.) of work ot work 4 may be retained by 21. I certify that (1) (this haspital) attended the deceased fram June, 1960, ta Feb. 17, 1967, that (1) (we) last saw the deceased alive an Feb. 17, and that death accurred at 1:55M, fram causes and an the date stated above. MED AM 22b. DAJE SIGNED 22o. SIGNATUR ATTENDING director, page 3 should be filed v DIRECTOR PHYS. M D TO HOSPITAL (Page 4 may b 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Normal 23c. NAME OF CEMETERY OR CREATATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL CREMATION REMOVAL (Specify) Feb 20, 1967 St Mary's catholic Washington D C. 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR liarles VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02520 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Prince George's o. SIAIE Maryland 0 Page Prince George's

b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) MARYLAND delay and 3 t And 2 with the State Department c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 DOA Cheverly Temple Hills d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? fice along with farm Prince George's General Hospital 5000 Temple Hill Road Give Pages NO X be executed within 24 haurs after death. NAME OF First 4 DATE Day Year DECEASED Franklin 1967 Anderson Bevard (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS birthday) Item 18. Months Days Haurs male white 4-29-99 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Landover Sand & Gravel Baltimore. Md. = 14 MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME Examine event within 72 haurs 00 W. Bevard Elizabeth A. Howard Anderson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address the Chief Medical (Yes, no, ar unknown) (If yes give war or dates of service) "pending" RAKXAKXXXXX Evelyn A. Bevard 215 10 Same as Item #2 no 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL SETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Heart Failure the ward This certificate should DUE TO ony Conditions, if any, which gove unknown Arteriosclerotic Heart Disease please execute the certificate, writing me rise ta immediate cause (a). = DUF TO stating the underlying cause puo SD last. removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPS)
PERFORMED? Diabetes Mellitus. over 6 years) YES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY OF CONTRIBUTING Of CAUSE OF DEATH cremation, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Nat While Haur a.m. factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Poge at wark 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X. Inquiry X and in my apinian death resulted fram: Natural auses X . Acciden Suicide Hamicide Undetermined manner funeral director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior ASSISTANT MEDICAL EXAMINER SIGNATURE 2-7-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** TO FUNE Health NAME (Type) John Kehoe M.D., Riverdale, Maryland Address (Street, city, tawn, ar caunty) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 230. BURIAL CREMATION 23d. LOCATION (City or Tawn) (County) (Stote) REMOVAL (Specify) Feb. 10-1967 Parkwood Cemetery Baltimore. 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A 15ME (5) Marley Bros. 1661-Good Hope Rd SE 6M 1/67 Wash DC

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	Ite	ms 18-22_E41m-386 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	0	2521 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02514
HEALTH DEP		2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) a STATE Prince George's MARYLAND Maryland Prince George's
after death. If any delay is 8. Give Pages 1, 2, and 3 to olong with form PM3. Page with the Stote Department of		CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Write RURAL and give nearest town) Glen Dale 6 hrs. C. LENGTH OF STAY IN 1b New Carrollton
th. If an form form	P	NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) ivate driveway off Glen Dale Road Apt. 663 o IS RESIDENCE ON A FARM? YES ON O EX AME OF First Middle Last 4 DATE Month Day Yeor
after death. 8. Give Page olong with fewith the Stote.		FCEASED OF DEATH 2 13 19 67
hours aft Item 18. (Office olo I ond 2 wit r deoth.	10a	Female White WIDOWED DIYORCED 3 April 1929 37 yrs. Manths Days Haurs Min. JUNAL DECUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
thin 24 hours a secil in Item 18. Imported the olfment's Office of poges lond 2 wours offer death.		SChool Teacher School Indiana (COUNTRY? SCHOOL Indiana U.S.A.) FATHER'S NAME OUNTRY? INDUSTRY SCHOOL Indiana U.S.A.
within percil Exeminer. File poge	15.	Victor S. Mussawri WAS DECEASED EVER IN U.S. ARMED FOR CES? Ind. or unknown) (If yes give war or dates of service) No Harriet L. Gaddis Address 13.19 Stockton Ct Harriet L. Mussawri Tradianapolis Ind
ld be executed within rd "pending" in pending Chief Medic ("Exerpine transit permit. File pogevent within 72 hours	(10	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
INER: This certificate should be executed within 24 hours after death. If a e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medic ("Exeminer's Office along with form files. 3 should be used as a burial-transit permit. File pages I and 2 with the State Deption, or removal, and in any event within 72 hours ofter death.		PART I DEATH WAS CAUSED BY: 973 / DUE TO Combined intoxication - ethyl alcohol and carbon monoxide Conditions, if any, which gave 1 (b)
icate shang the ded to		rise to immediate cause (a), DUE TO last. (c)
Second EXAMINER: This certificate should se execute the certificate, writing the word cror. Page 4 should be farwarded to the Clad for your files. ECTOR: Page 3 should be used as 6 burial-truburial, cremation, or removal, and in any experience.	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \) NO
ER: The certifico could be les. should be no, or re	AL CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY CLOT CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I of Port II of item 18.) Ran hose from exhaust pipe to interior of car
2 4 4 7 a bu	MEDICAL	20c. TIME OF INJURY Month, Day, Year - Xpax 2-13 1967 While at work at work at work of Drive Way of Box 138, Glendale P.G. Md.
MEDICAL EXAM please execute the director. Page 4 etained for your DIRECTOR: Page		21. I certify that I tack charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted fram: Natural causes,, facident, Suicide, Hamicide, Undetermined manner
Men please directaling DIR		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER C. 7.1 (5)
O DEPUTY necessory, the funeral 5 moy be 10 6 FUNERAL	230	NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. EDCATION (Gry or Town) (County) (State)
VR A15ME (5)	2,	remation 2-15-67 Lee's Crematory Washington, D.C. FUNERAL DIRECTOR ADDRESS ADDRES
6M 1/67	I	ee Funeral Home 300 4th St. N. E. Wash. Dur EB 23 1967 galantes Junga

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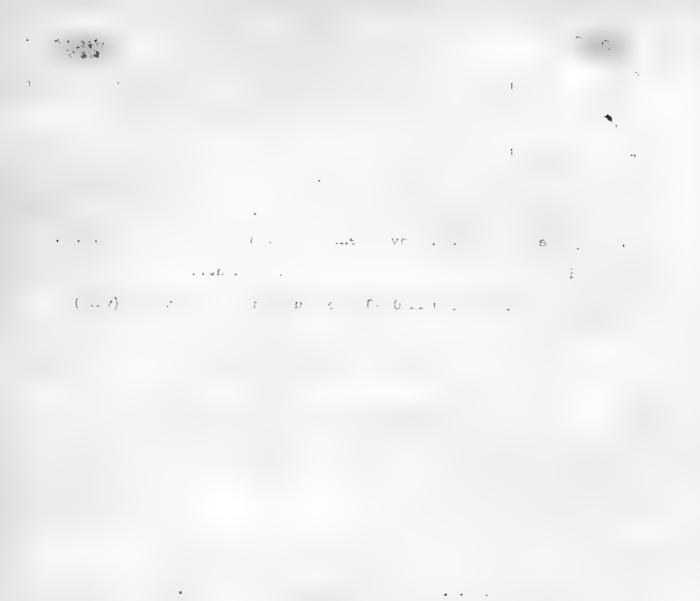
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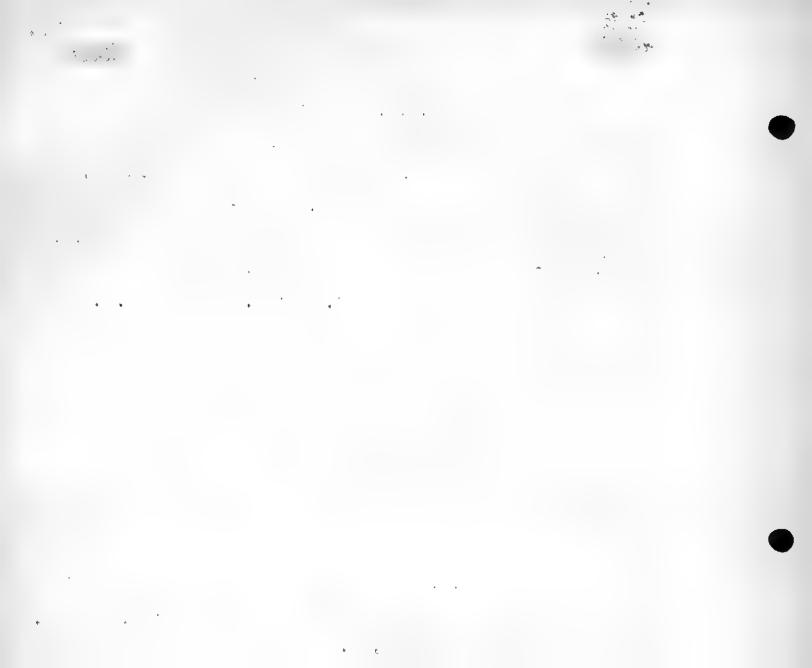
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY g. STATE b COUNTY 2, and 3 ta PM3. Page permit. File pages 1 and 2 with the State Department of Prince George's

b (ITY OR TOWN (floutside carporate mits, write RURAL and give nearest lown) Maryland MARYLAND Prince George's r. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) DOA Cheverly DOA
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Bladensburg d STREET ADDRESS IS RES DENCE ON A FARM? MINER: This cert ficate should be executed within 24 havrs after death. If a the certificate, writing the ward "pending" in pencil in them 18. Give Pages 1, 3.4 shauld be farwarded to the Chief Medical Examinfelt's Office along with form 5202 Tilden Road Prince George's Hospital YES NO 50 NAME OF Middle 4 DATE Lost Month Year DECEASED (Type or pnnt) DEATH February 6 Bird Robert (MMT) 9 AGF (In years S SEX IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH lace of the day) Manths Haurs white October 4, 1887 72 haurs after death. male DIVORCED WIDOWED 10a USUA, OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT Ret. Carpentar D. COUSTRGOVERment UCOBIRYA. England 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Thomas Bird Jane Haughton 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, po, ar unknown) (If yes give war or dates of service) 220 44 0880 Gertrude Bird Same as #2 (wife) any event within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit Heart failure IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove Arteriosclerotic heart disease unknown rise ta immediate cause (a). . = DUE TO D stoting the underlying cause Si last be used crematian, ar remaval, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? CERTIFICATION NO X 20a EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18) 3 should CAUSE OF DEATH. MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (Caunty) (Stote) Haur am. Nat While factory, street, affice b da etc.) may be retained far yaur FUNERAL DIRECTOR: Page While at work L at wark 21. I certify that I taak charge of the remains described above, held on Autopsy Inspect ang Inquiry 😿 , and in my opin on Undetermined manner death resulted fram Natural causes X Arc dent Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE 2-7-67 DEPUTY MEDICAL EXAM NER X **EXAMINER'S** Riverdadie town Med gunty) NAME (Type) M.D. John Kehoe. 23c. NAME OF CEMETERY OR CHEMPTORY
Arlington National 23d LOCAT ON (City or Town) Arlington 23a BUR AL, CREMATION, 236. DATE THEREOF 2/8/67 Arlington Va 0 BREMO LAN (Specify) 24. FUNERAL DIRECTOR ADDRESS 25g REC D BY REG STRAR 2Sb REGISTRAR S SIGNATURE VR A15ME (5) Francis Gasch's Sons Hyattsville, Maryland 6M 1/67



- 1	tems 18-21 Film 387 3 Division of STATISTICAL	-20 MARYLAND STATE DE RESEARCH AND RECORDS, 301	PARTMENT OF HEALTH I W. PRESTON STREET, BALTIMORE, I	MARYLAND 21201
FOR STATE	0.0000	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	02516
HEALTH DEPT	o COUNTY Prince George	MARYLAND		b COUNTY Prince George
2, and 3 to PM3. Page portment of	b CITY OR TOWN (if outs de corparate l.m'ts, Cheverry	D. O. A.	COLLY OR TOWN (If outs de carparate limits, value Riverdale Apt	
r death. If any delay is ive Pages 1, 2, and 3 to g with form PM3. Page the Stote Deportment of in 72 hours after abotic	d NAME OF HOSP TAL OR INSTITUTION (If not in hi Prince George General		d STREET ADDRESS 6325 64th Street	e IS RESIDENCE ON A FARM? YES NO PS
nours after death. If where olong with form and 2 with the State De event within 72 hours	3 NAME OF DECEASED (Type or print) 3 NAME OF JOANNE	K. BLA	CKWELL 4 DATE OF DEATH	Feb. 9, Peak 7
ofon vith with	5 SEX 6 COLOR OR RACE 7 M		B. DATE OF BIRTH Oct. 28, 1928 9. AGE (In	years F UNDER 1 YEAR IF UNDER 24 HRS ndoy) Months Days Haurs Min
	10a JSUAL OCCUPAT ON (Give kind of work dane Medical rechnician	106 KND OF BUSINESS OR HOSPItal	11 BIRTHPLACE (State or foreign country) Texas	12 CITIZEN OF WHAT
orthin 24 denct in laminer's depoyes 1	13. FATHER'S NAME Ralph (L. Kirkley		14. MOTHER'S MAIDEN NAME Grace K. Bissel	
g" in pe icol Exar mit File val, ond	15. WAS DECEASED EVER NUS ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of servi		NFORMANT L. Travis L. Blackwell	Address U. S. Army
INER: This certificate should be executed within 24 e certificate, writing the word "pending" in pencil in should be farworded to the Chief Medical Examiner's files. 3 should be used as a burial-transit permit File pages int, prior to burial, cremation, or removal, and in any	8 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:	line far (a) (b), and (c) Intoxication		INTERVAL BETWEEN ONSET AND DEATH
word the Chi	77/, 8 DUE TO	Cyanide ingestion	n	
ficote sh ing the rded to 1 as o bus il, crema	rise to immediate couse (o), storing the underlying couse (c)	of elizabeth		
his certifii ote, writin e farword be used a to burial,	PART IL OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED FO. 1	HE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AJTOPSY PERFORMED? YES NO
This tificate ld be for to the to	200 EXTERNAL CAUSE WAS PRIMARY 25 or CONTRIBUTING	20b DESCRIBE HOW INJURY OCCURRED Drank cyanide	Enter nature of injury in Part I or Part I of item	
UTY MEL. AL EXAMINER: This stry, please execute the certificate, leral director. Page 4 should be from the pretained for your files. RAL DIRECTOR: Page 3 should be or its designated agent, prior to	200 EXTERNAL CAUSE WAS PRIMARY 25 or CONTRIBUTING CAUSE OF DEATH 200 TIME OF INJURY Month, Day, Year Hour 25 M. 2-9 19 67	20d Nijury OCCURRED 20e P.AC	E OF IN. URY (Hame, farm, 20f. (City at 1	
AL EXA execute arr. Poge of for you	21. I certify that I taak charge of t	the remains described above, he	Home Riverdal	Inquiry (4), and in my opinion
MED. A please ex- l directar. retained DIRECTO	death resulted fram Natural can	ses , Accident , Suici	de 🗷, Hamicide 🔲, Undetermi CHIEF MEDICAL EXAMINER	ned monner 22. DATE SIGNED
EPUTY MEDICAL SSSOTY, please ex- funeral directar. ay be retained INERAL DIRECTO	SIGNATURE EXAMINER'S	M. D.	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	2/9/67
TO DEPUTY MED. AL EXAMINER: This certificate should be executed within 24 necessory, please execute the certificate, writing the word "pending" in pencil in the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit File pages Health or its designated agent, prior to burial, cremation, or removal, and in any	230 BURIAL, CREMATION, 236. DATE THEREOF	23c NAME OF CEMETERY OR	· · · · · · · · · · · · · · · · · · ·	
	Burney (Superty) 2/12/67 24. FUNERAL DIRECTOR Francis Gasch's Sons	Blackwell Cem ADDRESS Hyattsville, Md.	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE 167 ACharles Judge
6M 1/66		THE STATE OF THE S	DATE 12 14 18	JOI TO THE STATE OF THE PARTY O

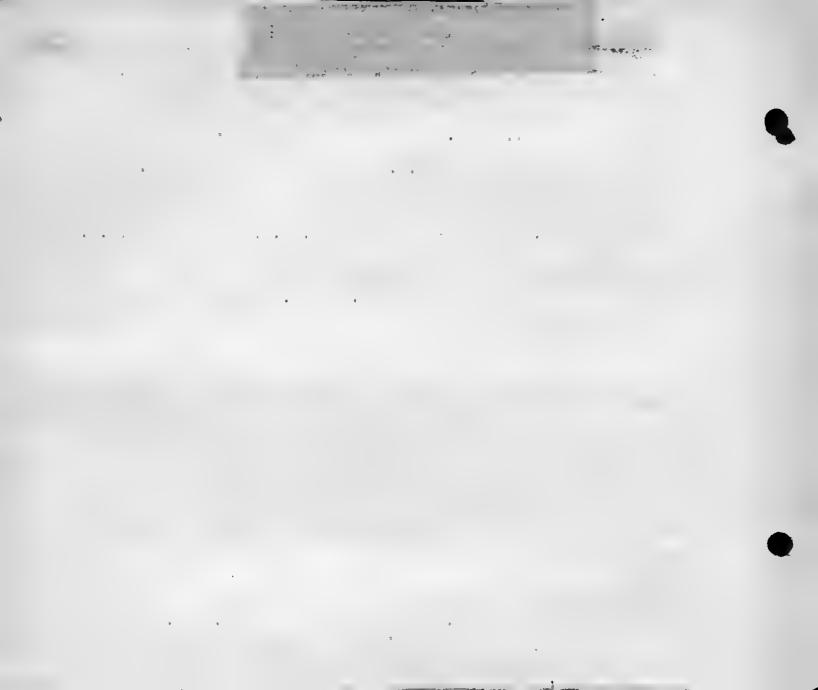


	02524			CERTIFIC	ATE OF DEATH].	Reg	g. Dist. No.	.02517
1, PL a.	COUNTY GOO.			MARYLAND	2. USUAL RESIDENCE (Wh. Mar yland	ere deceased lived	b. COUNTY G	esidence befare	odmission)
	CITY OR TOWN (III RURAL and give no Riverda			LENGTH OF STAY IN 16 D.O.A.	c. city or town (if o	•	mits, write RURAL	and give near	ast fown)
d.	OR INSTITUTION	AL (If not in hospital, of Leland Me			d STREET ADDRESS 9012 - 518				IS RESIDENCE ON A FARM? YES NO
DE	ME OF CEASED pe or print)	, Fie	"Es	Middle F.J.	BROWN	4. DATE OF DEATH	Month Feb	. 2	Yeor 19 67
	ale	White	WIDOWED [8. DATE OF BIRTH 3/26/1908	log	bighday) Mai	nths Days	F UNDER 24 HRS. Hours Min.
Ma	JSUAL OCCUPATION TO SURE THE PROPERTY OF WORK TO SURE THE PROPERTY OF THE PROP	N (Give kind of work ing life, even if refired CO Supt.	dane 10b. KIN	D OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Slow Wash., D.	ar fareign cauntry C •	1	2. CITIZEN OF	WHAT COUNTRY
	THER'S NAME	thy J. B			14 MOTHER'S MAIDEN N				
		R IN U. S. ARMED FOR			Mrs. Mary F.		Address (above	addres	18)
1		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	A	you by a company of his	SSIVE MYOL	(WITO)	INFARCTI	ONSE	HOURS
	Canditions, if a gave rise to it couse (a), stating lying couse lost.	nmediate (Duc To)						
CATION	PART U. OTH	IER SIGNIFICANT CON	IDITIONS CON	TRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	NAL DISEASE CON	NDITION GIVEN II		WAS AUTOPSY PERFORMED? YES NO D
	On ACCIDENT WA OR CONTRIBUTING FEITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY OCCUR	ED. (Enter noture of injury in I	ari I or Part II af	item 18)		
MEDICAL	Hour o.m.	Y Manth, Day, Ye	While		PLACE OF INJURY (Home, farm actary, street, affice bldg , etc		own)	(County)	(Stole)
1	ti. I certify th	at I attended the	deceased , 19 6		, 1967, to th accurred at 230	1,M, fram the	= 19 <u>6</u> 7,th e causes and city or town, state	on the date	w the decease e stated above DATE SIGNE 3 FGB 'C
Ш	CTUAL	13 3 1 1 1 1 1 1			_ M D				
á	CTUAL IL VIATURE PHYSICIAN'S IAME (Type)	C.J.H	OUMM	UN DR. JOH	n Kehoe	RIVE	POALE	MD	
220.	HYSICIAN'S	2/4/6	OF 2	2c NAME OF CEMETERY St. bary's	OR CREMATORY	22d LOCATION Wash.	(City, lawn, ar ca		(State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

May be retained may be retained To FUNERAL DIRECTOR (*) 125.22



	Di	visian of STATISTICAL Item #	L, RĘSEAR	CH AND RECOR	DS. 301 N	NRTMENT OF H M. PRESTON STR	ET, BALTI	MORE, MARY	LAND 2120	1
	02525	Item f	#14 19	CERTIFI	CATE	OF DEATH			0251	R
	PLACE OF DEATH o. COUNTY	20 (2022		MARYI		usual residence (b. STATE Maryl		ъ. cou	NTY	
1	write RURAL and a	nco Coortes outside carporate limits, live neorest lown) verly OR INSTITUTION (If not in h		tength of stay in 4 days		Maryl CITY OR TOWN (If o		ite limits, write RJ	RAL and give n	eorest town)
1						STREET ADDRESS			,	ON A FARM?
		orges Genera	1 Hos	pital Muddle		507_E	DATE	Mon	44	Doy Year
5	NAME OF DECEASED (Type or print)	Samuel_	MARRIED F			Burley DATE OF BIRTH	OF DEATH	Fet		21 19 67
۷ía	ile	Negro	MARRIED [NEVER MARRIED DIVORCED		26 June	1900	last birthdoy)	Months D	loys Hours Min
duri	JSUAL OCCUPATION (Ging most of working life	ive kind of work done , even if refired)		O OF BUSINESS OR USTRY		11 BIRTHPLACE (County Mary)	ano	reigh . Try)	COUN	EN OF WHAT
13	PATHER'S NAME	Joseph - ur	cley		1	4. MOTHER'S MAIDEN	NAME 1/47/	Y4444/	Rebecc	a Clark
15. (Ye	WAS DECEASED EVER II s, no, or unknown) (If	N U.S. ARMED FORCES? Yes give wor or dotes of servi	16. SC	CIAL SECURITY NO.		ormant in Burley	I	Addr tem #2	ess	
	1B. CAUSE OF DEAT PART I. DEATH	TH (Enter only one couse per WAS CAUSED BY IMMEDIATE CAUSE (o)	r line for (a	(c), (b), and (c).)	w d	mouffer	core			INTERVAL BETWEEN ONSET AND DEATH
	163 X Conditions, if ony, w	DUE TO	Cas	VIMINA	of.	the Wife	ma			7 MONTHS
	rise to immediate a stating the underlying	ouse (o), (- May () V	J			
ATION		IFICANT CONDITIONS CONTRI	IBUTING TO	DEATH BUT NOT RELA	ITED TO THE	TERMINAL DISEASE CO	NDITION GIV	EN IN PART 1(o)		19 WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	200 ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	205. DESC	RIBE HOW INJURY OC	CURRED (En	ter noture of injury in	Port I or Po	t II of item 18.)		
MEDICAL	20c TIME OF INJURY Hour o.m. p.m.	Month, Doy, Yeor	20d INJ While of work	Not While		OF INJURY (Home, for , street, office bldg., etc		(City or town)	(Count	(Y) (Y)
		that-(1)" (this haspital eased alive an	l) attende	ed the deceased	fram nd that c	leath accurred 5	.30AM	a A, fram causes	and an the	, that (1) (we) ta date stated abave
	220. SIGNATURE	Vorman.	RI	Solven	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF E	22b DATE	SIGNED 8 21, 1967
	22c. PHYSICIAN'S NAME (Type)	Norman K. Bo	hrer,	M.D.		22d. ADDRESS Prince Ge	orge !	Genera	l Hospi	tal
2 <u>3</u> 3	BURIA., CREMATION, REMOVAL (Specify)	23b DATE THEREOF	7	23c. NAME OF CEME	18	matory	23d to	ocation (City of To		ounty) (Stote)
	FUNERAL DIRECTOR	- farmer and the	/	ADDR PS S			D BY REGIST	0.40	EGISTRAR'S SIGI	HATHOL



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02528 HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Prince George's Prince George's and 2 with the Stote Deportment of MARYLAND b CTY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) c (TY OR TOWN (If autside carparate imits write RURAL and give nearest tawn) C LENGTH OF STAY IN h Riverdale Cheverly DOA

d NAME OF HOSPITAL OR MISTITUTION (If not in hospitol, give street oddress) n 18 Give Pages 1, 2 te olong with farm d STREET ADDRESS e IS RES DENCE ON A FARM? Prince George's Hospital 6705 Oakland Avenue YES NO K be executed within 24 hours ofter deoth 3 NAME OF Middle 4 DATE Month Year DECEASED (Type or print) Carroll February Melvin Francis DEATH 6. COLOR OR RACE NEVER MARRIED F UNDER 1 YEAR 7. MARRIED B DATE OF BIRTH 9 AGE (n years IF UNDER 24 HRS lost birthdov) Months Dovs w thin 72 hours after death WIDOWED DIVORCED Dec. 6. 1914 52 yrs white 11. BIRTHPLACE (Stote or foreign country) 10a USUAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) IT COUNTRY ? Washington D. C. the Chief Medical Examine 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME репс Dora Roth Bernard Carroll IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes no, pr inknown) (If yes give wor ar dotes af service) Betty E Carroll "iverdale. Md. 578 10 7089 IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY NIERVAL BETWEEN ONSET AND DEATH ony event Avulsion of medulla and pons IMMEDIATE CAUSE (o) ___ the certificate, writing the word 4 should be forwarded to the Ch DUE TO Canditions if any, which gave Fracture-dislocation of atlas rise to immediate couse (a), DUE TO stating the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(6) or removol, 19 WAS AUTOPSY PERFORMED? YES X NO 200 EXTERNAL CAUSE WAS PRIMARY 50 OF DEATH 20b DESCR.BE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part I of tem 18) Pedestrian struck by car. cremation, 20d NURY OCCURRED 2 20c TIME OF INJURY Month Day, Year 20e PLACE OF INJURY (Home, form 20f (City or tawn) (County) (State) While at work Not While of work fortage street affice bidg etc.) Good Luck Rd. may be retained for your FUNERAL DIRECTOR: Pode 6:35ampm 2-7-67 19 P.G. Md. 21. I certify that I took charge of the remains described obove, held an Autopsy [X], Inspection [X], Inquiry 🕱 , ond in my opinion Notorol couses deoth resulted from Accident X Suicide , Homicide Undetermined monner funeral director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior ASSISTANT MEDICAL EXAMINER SIGNATURE 2-7-67 DEPUTY MEDICAL EXAMINER 😿 **EXAMINER'S** Heolth I John Kehoe, M.D. NAME (Type) Add 12 (Street and Jown Mapunty) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) REMOVAL (Specify) Arlington Virginia Feb 10, 1967 Arlington Cemetery Bruial REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25g REC D BY REGISTRAR F. Gasch's Sons Hyattsville, Md. VR A15ME (5) 6M 1/67



 1	1.0	eme TOWST LITH DOV					D 01001	
FOR STATE		02529		ORDS, 301 W. PRESTO AL EXAMINER'S	·			2522
HEALTH REPT		PLACE OF DEATH						ler ce before admission)
any delay is 2, and 3 to PM3. Page		a COUNTY Prince George	Is	MARYLAND	o STATE Maryland	AAUBLE GECEGZEG MAR	b COUNTY	George's
d 3 d 3 . Po		b CTY OR TOWN (,f autside carparate i mits, write RURAL and give nearest tawn)	(LENGTH OF STAY IN 1b	c CITY OR TOWN (If o	u tside carparate limi	ts, write RURAL and i	give nearest tawn)
hours ofter deoth it any delay tem 18. Give Poges 1, 2, and 3 Office olong with form PM3. Poo and 2 with the State Department death.		Riverdale		DOA	Riverda	ale		100
7, 2 gl	2	d NAME OF HOSPITAL OR INSTITUTION (If not	in haspital, give	street address)	d STREET ADDRESS			e IS RESIDENCE ON A FARM?
hours ofter death It a ltern 18. Give Pages 1, Office along with form land 2 with the State Del	8	Leland Memorial Hosp	ital		5401 Jef:	ferson St	reet	YES NO J
ofter death 8. Give Page olong with f with the Stat		NAME OF FIRST DECEASED	1	M.ddle	, ast	4 DATE OF	Manth	Day Year
ive g w the		(Type or pant) Dale		James	Cekuta	DEATH	2	14 19 67
offe 3. G Slon slon vith	3	SEX 6 COLOR OR RACE	7 MARRIED		B DATE OF BIRTH	9 AGE	(In years IF UND birthday) Months	
hours Item 18 Office of I ond 2 v		Male White	WIDOWED	DIVORCED [] 6			yrs 3	8
hou ltern Offin		Oa USUA, OCCUPATION (Give kind of work done using most of working life, even if retired)	10b KIND C	OF BUSINESS OR IRY	11 BIRTHPLACE (Stat	D 12	12	CITIZEN OF WHAT COUNTRY?
24 in in in is ss	-	9 Favillant Maner			Marylai	nd		COUNTRY?
within 24 hours o gearl in Item 18. cam ners Office o le poges Pond 2 w hours ofter death.		3. FATHER'S NAME Wm Cekuta			14 MOTHER'S MAIDEN	Nancy Be	arlin	
d with gen in ge	-		14 600	AL SECUDITY NO. 12	NFORMANT	nanoj be	Address	
- E		S WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war ar dates af	service)	AL SECURITY NO 17. F		verdale,		
e execut pending' of Medic sit permi	F	18 CAUSE OF DEATH (Enter only one caus						INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Inter	stitial pne	umonitis			ONSET AND DEATH
ould rand le C al-tr		N DUE 1	0					
the ward to the C to the C burial-tr		I rise to immediate raise (n) (b)					
ificate s ting the rded to as a bu		stating the underlying couse (0					
writing writing rwarded as a		lost	r)					
certif writto orwar used oval, c	1 3	PART II OTHER S GNIFICANT CONDITIONS CO	NTRIBUTING TO DE	EATH EUL NOT KLIATED TO T	HE ERMINAL D SEASE CO	MOTON CIVEN N P	ART 1(a)	19 WAS A TOPSY PERFORMED?
WINER: This of the certificate, a should be for tiles a 3 should be until other others.	/ /	20g EXTERNAL CAUSE WAS	Lani precent	AL . O.L. DULINA OCCUPATION	(F->	0 1 0 1 1 1	. 10.	YES 🗶 NO 📋
INER: Thi e certificat should be files 3 should be tron, or ren	11.67	PRIMARY Or CONTRIBUTING	30P DESCRIE	BE HOW INJURY OCCURRED	(thier hature of injury in	Part or Part II at i	item 18)	
KER Cer Cer hour hour liles sho	3	CAUSE OF DEATH 20c T ME OF NJLRY Month, Day, Yeor	July William	Y OCCURRED 20e P.AC	E OF INJURY (Home, far	m 20f (City	ar tawn) ((ounty) (State)
e e e e e e e e e e e e e e e e e e e	TATOLIC BE	Haur a.m. 19	White at work	Not While facts	ary, street, affice bldg , etc		ar iawii) ((stare)
MEDICAL EXA lease execute director. Page toined far you DIRECTOR: Page to burlol, crem		21 I certify that I taok charge	of the reman	ns described above he	d an Autapsy 🕞	Inspection 🗶	, Inquiry bc	. and in my opinian
CO G		death resulted from Natura	gauset 🛣 ,	Accident [], Suici	ide 🔲, Homicide	e 🔲 , Undeter	mined monner	
ired oine oine lRE		ACTUAL	14.1	1	CHIEF MEDICA	L EXAMINER		20 0170 010100
UTY MED Try, pleas erol direct be retoin RAL DIRECT prior to I		SIGNATURE	100			DICAL EXAMINER		22. DATE SIGNED
DE PER	1	EXAMINER'S NAME (Type) John Kehoe, I	n p	iverdale, Md.		CAL EXAMINER (20)		2-14-67
TO DEPUTY MEDICAL EX necessary, please execut the funerol director. Pog 5 may be retained far y TO FUNERAL DIRECTOR: P Heo!th prior to buriol, cr	1	30 BURIA, (REMATION, 23b DATE THE	DEGE To	3c NAME OF CEMETERY OR		et city town or cour	Try or T wn)	
10 the He	ľ	Burial Feb 16,		iberty Union	Cemetery	Gia	ard Trumbe	ell co Ohio
VR A15ME (5)		24 FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR	25b REG STRAR	SIGNATURE
6M 1/67		F. Gasch's Sons	Hyattsv	ille, Md.	<u> 15</u> E8	16 1967	fillerel	by Judge
	L.	- ())						



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02530 CERTIFICATE OF DEATH deoth 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE DE DEATH the attending physicion and completely filled in by the funero sit permit. Then please remove carbon papers. Pages of and o. COUNTY o. STATE **b** COUNTY Prince Georges MARYLAND requires that the death certificate be executed within 24 hours after Maryland Princ 'e Georges
c. CITY DR TOWN I'll outside corporate limits, write RURAL and give nearest form) b. CITY DR TDWN (If outside corporate limits. c. LENGTH DF STAY IN 16 write RURAL and give nearest town) remove corbon papers. Pag n any event, within 72 hours Cheverly 3 days d. STREET ADDRESS Rainier d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE DN A FARM? YES | ND [Prince Georges General Hospital 4007 30th_Stree 3. NAME DE lost 4. DATE Year DECEASED (Type or print) DEATH Feb Ryland IF UNDER 24 HRS. S SEX AGE (In years IF UNDER I YEAR 6 COLDR OR RACE 7 MARRIED NEVER MARRIED lost buthday) Months Hours Dovs WIDDWED DIVDRCED Male White 27 Mar., 1897 12 CITIZEN OF WHAT 10o. US., AL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if refired)

Retired GAO COUNTRY? INDUSTRY Charlestown. W. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Eugene M. remov Chapman Clara Tavenner 15 WAS DECEASED EVER IN U.S. ARMED EDRCES? 17 INFORMANT 15 WAS DECEASED EVER IN U.S. AKMED FUNCES.
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SDCIAL SECURITY NO Address 78-32-3230 Nellie G. Chapman same as above cremation, INTERVAL BETWEEN 18 CAUSE DF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-tronsit DISET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ANTENIC SCLENOTIC MEANT Conditions, if any, which gove rise to immediate couse (a). DUE TD stoting the underlying couse os the Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use of Health YES 🗶 ND 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Port I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY DCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME DF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While of work 194 ... that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from... and that death occurred atlO 45 MP from Louses and on the date stated above saw the deceased alive-on, 220. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M D PHYS director, page should be filed 22d, ADDRESS PHTSICIAN'S ompau. 7503 NAME (Type) 230. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATDRY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) Rosedale Cemetery Martinsburg, W. Virginia 24. FUNERAL DIRECTOR The 25b. REGISTRAR'S SIGNATURE S.H. Hines ADDRESS 2So REC'D BY REGISTRAR Charles VR A15 (4) 2901 Lith St. N. W. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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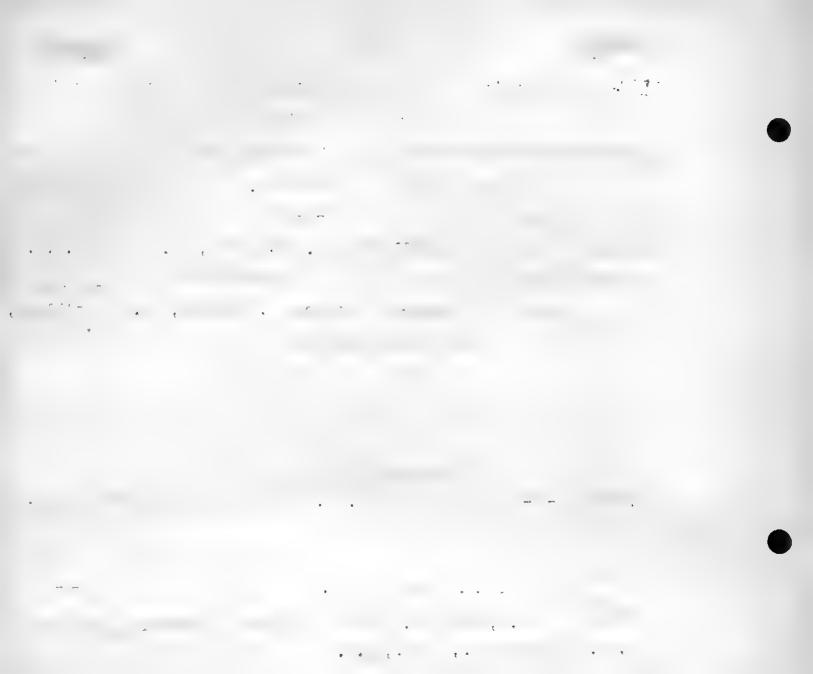
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02531 ond 2 death. 24 hours after death. funeral 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY Prince Georges County b. COUNTY physician and completely filled in by the fur en please remove carbon papers. Pages 1 ovol, and in any event, within 72 hours after Marvland MARYLAND Prince Geo/ b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) & LENGTH OF STAY IN 16 Hvattsville, Maryland Hvattsville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS a IS RES DENCE ON A FARM? Eugene Leland Memorial Hospital 3202 Toledo Pl. Hvattsville MOLES NO X requires that the death certificate be executed within NAME OF Middle First Lost 4 DATE Menth Day Year DECEASED
(Type or print) Joseph Reynolds Cockran 2-17-67 19 DEATH S SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** (In years IF UNDER 1 YEAR last b rthday) Manths Doys Haurs male White WIDOWED DIVORCED 1-10-67 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, ar fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? infant Cheverly, Maryland
14. MOTHER'S MAIDEN NAME TISA 13. FATHER'S NAME William Henry Cockran the ottending F Carol Greenlee 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknown) (If yes give war or dates of service Father CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART I DEATH WAS CAUSED BY signed by the burial-tronsit CINSET AND DEATH IMMEDIATE CAUSE (o) DUE TO burial. Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause os been s os the l prior to b by the hospital or attending PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificote hos WAS AUTOPSY PERFORMED2 YES NO 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part II of item 181) OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detached should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL this 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, affice bldg., etc.) While Not While at wark at work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from -Poge 4 may be retained saw the deceased alive an Aldr 22a SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23a, BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) Colmar Manor Pro Geo Md. Feb 20, 1967 Ft Lincoln Cemetery ADDRESS 24. FUNERAL DIRECTOR 2So. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 F. Gasch's Sons Hyattsville, Md. DATE



1 1	MARYLAND STATE DEPARTMENT OF HEAL Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	
(RV B)	02532 · CERTIFICATE OF DEATH	02525
function of the state of the st	o. COUNTY Prince (Rearge MARYLAND O. STATE Me	e deceased lived, if institution: Residence before admission) b. COUNTY
In by rie ers. Pages 2 haurs aft	b. CITY OR TOWN (If autside carparate firmits, write RURAD and give nearest flown) A. NAME OF HOSPITAL OR INSTITUTION (If pag in haspital, give street address) C. CITY OR TOWN (If autside carparate flown) C. CITY OR TOWN (If autside carparate flown)	carparate limits, write RURAL and give nearest town)
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i i b	. WAS DECEASED EVER IN U.S. ARMED FORCES? 65, no, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17) INFORMANT Cal	land Human mil
ransit per cremation,	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	IMTERVAL BETWEEN ONSET AND DEATH
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priar 10 b	stating the underlying cause (c) Oulume Symphetical	tis (Vireal)
3	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES \(\bigcup \text{NO} \)
3	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port (IF EITHER, NOTIFY MEDICAL EXAMINER)	I or Part II of item 18.)
rie vepi.	20c TIME OF INJURY Month, Doy, Year Haur o.m. 20d INJURY OCCURRED While Not While of work of	20f. (City ar town) (County) (Stote)
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e 3 shau ed with th		CTOR PHYS. D 228 DATE SIGNED
director, page should be filed	22c PHYSICIAN'S NAME (Type)	child-
	Burial 2-24-67 arlington Math	23a-LOCATION (City or Town) (County) (Stote)
}	La With Dune dam Lawrel Md. DATE MAR	registrar 725b. registrar's signature 1 1967 Clianles Judge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02533 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE ALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased led, if institution a. COUNTY o. STATE **b** CDUNTY 3 10 Prince George's MARYLAND Maryland Prince George's State Department b CTY OR TOWN (If autode corporate limits write RURAL and give nearest town) c CITY OR TOWN (If outs de corparate ! mits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b DOA Hvattsville Cheverly S RESIDENCE ON A FARM d NAME OF HOSPITAL OR INSTITUTION (finat in hospital give street address) d STREET ADDRESS ong with farm Give Pages NO SE Prince George General Hospital 7214 Forest Road This cert ficate shauld be executed within 24 haurs after death NAME OF M dale 4 DATE Lost Month Year DECEASED OF Carlin Coppage (Type or print) DEATH 19 67 Eugene 8 DATE OF BIRTH FUNDER 24 HRS 6 COLOR OR RACE AGE (In years 7 MARRIED NEVER MARRIED tost birthday) Months Days WIDOWED DIVORCED 5-24-1911 Male White in Item 1 he ward "pending" in pencil in Item I to the Chief Medical Examiner's Office. 100 USUAL OCCUPAT ON (Give kind of work dane 10b KIND OF BUS NESS OR 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Co. Stafford, Va. Campbell Sand Engineer George Coppage mattie Heflin IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 7214 Forest 16 SOCIAL SECURITY NO Address (Yes, no, at unknown) (If yes give wat or dates of service) event within Frances A. Coppage. Rd. Unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (0) Multiple skull fractures writing the word DUE TO any Conditions, if any, which gove (b) nse to immediate cause (a), DUE TO stating the underlying couse be farwarded puo be used 19 WAS AUTOPSY PERFORMED? or remayal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (g) F CATION NO DO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of injury in Part 1 or Port II of Item 18) 3 should CERT shauld PRIMARYX or CONTRIBUTING CAUSE OF DEATH Run over by truck MEDICAL 20F 20c. TIME OF INJURY Month, Doy, Year 200 INJURY OCCURRED 20e PLACE OF NJURY (Hame, farm (City or town) (County) (State) 9:35ampm 2-28- 19 67 While Not While al work foctory, street, office bldg. etc.) DIRECTOR: Page Rt. 197 Bowie Pit of Campbell Sand Co. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry 🛣 , Inspection 🚾 and in my apinton Undetermined monner death resulted from Natural causes Acadent sc Suicide the funeral director be retained ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior may be re FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Riverdale, Md. Aduress (Street city, town or county) NAME (Type) Kehoe, M.D. John. 23c NAME OF CEMETERY OT THE RY 50 Lincoln Cemetery Bladensburg Maryland 24 FUNERAL DIRECTOR VR A15ME (5) CHAMBERS CO. . 6M 1/67 Wash., D.C.



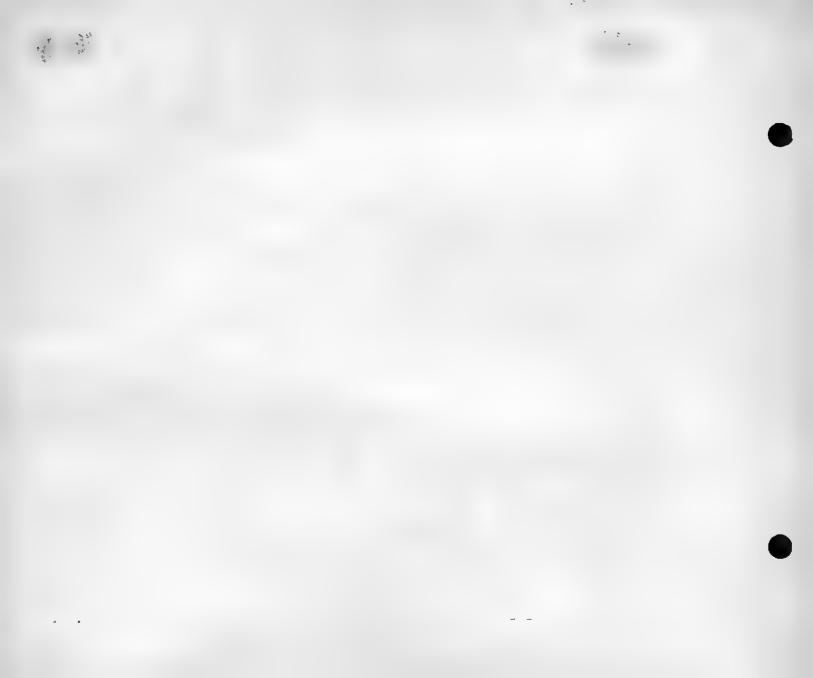
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death physicion.
signed by the ottending physician and completely filled in by the funeral signed by the ottending physician and completely filled in by the funeral buriol-transit permit. The please remove corbon papers. Pages 1 and 2 buriol-transit within 72 hours offer death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission.) o. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate I c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town d. NAME OF HOSPIFAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENC ON A FARM? = VOPHP NO 🔀 NAME OF DATE Dov Year DECEASED OF DEATH (Type or print) F0. b DATE OF BIRTH YEAR 7. MARRIED AGE (In years IF UNDER IF UNDER 24 HRS (ast birthday) Months Hours WIDOWED OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & State or foreign country) during most of working le leven if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Susie DaxIS WAS DECEASED EVER IN U.S. ARMED FORCES 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service COX 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY-INTERVAL BETWEEN ONSET AND DEATH THROMBOSIS MMED ATE CAUSE (o) Poge 4 may be retained by the hospital or attending physicion. DUE TO ARTERIUSCLEROSIS Conditions, if ony, which gove UNKNOWN rise to immediate couse (a). DUE TO stoting the underlying couse this certificate has been be detached for use os the State Dept. of Health prior to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES NO 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1) of item. 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the State Dept. 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot wark 21. I certify that (I) (this haspital) attended the deceased fram. VEC. 1966 to 12 FEB 1967 that (1) (we) last , and that death accurred at 1195 P.M., fram causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED MED DIRECTOR ATTENDING STAFF PHYS M.D. PHYS. 22c PHYSICIAN'S 22d. ADDRESS IVERDALE HOUMANN NAME (Type) 23o. BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Sperify) Feb 16, 1967 Ft Lincoln Cemetery Colmar Manor Pro ico Ma. 24. FUNERAL DIRECTOR **ADDRESS** 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md.



, 1		MARYLAND STATE DEPARTMENT OF HEALTH ADJUSTON OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# #W/= M	1	02535 CERTIFICATE OF DEATH 02528
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atte	(Ŷ	(If yes give war or dates of service) 571-52-6517 Wordtry S. JESSUK Tobay Tolk
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law atten has e as h prid	NOI	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IMPART 16) 19. WAS AUTOPSY PERFORMED? PERFORMED?
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TO HOSPITAL DR ATTENDING PHYSICIAM. The law requires that the death cartificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after	CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYS the h this this detac	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, Hour a.m. While Not while factory, street, office bidg., etc.)
ING Ther Affer be State	ME	p.m. 19 at work at work
ATTENDIN retained t CTOR: Aff should b vith the St		21. I certify that (ii) this hospital) attended the deceased from the deceased from the deceased alive on 1967, that (ii) two last saw the deceased alive on 1967, and that death occurred at 1968. M, from the causes and on the date stated above.
DR Al DR EC DIRECT DIRECT Se 3 S Se 4 With		22a_SIGNATURE 22b. DATE SIGNED
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02536 The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carporate limits, c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) /6-/ HEIGHT d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? BRELUTON 3101 Breuton Drive NO NAME OF First Middle DATE Year signed by the attending physician and completely burial-transit permit. Then please removerarban burial, crematian, ar removal, and in any event, ver DECEASED event, (Type or print) DEATH S SEX 6. COLOR OR RACI 7 MARRIED AGE (In years NEVER MARRIED Sest burthday) Months Days Hours WHITE YAUT DIVORCED V WIDOWED 10c. USUAL OCCUPATION (Give kind of work dane KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during mast of warking life, even if retired OPERATOR 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAMI MARGARET WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor ar dates af service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
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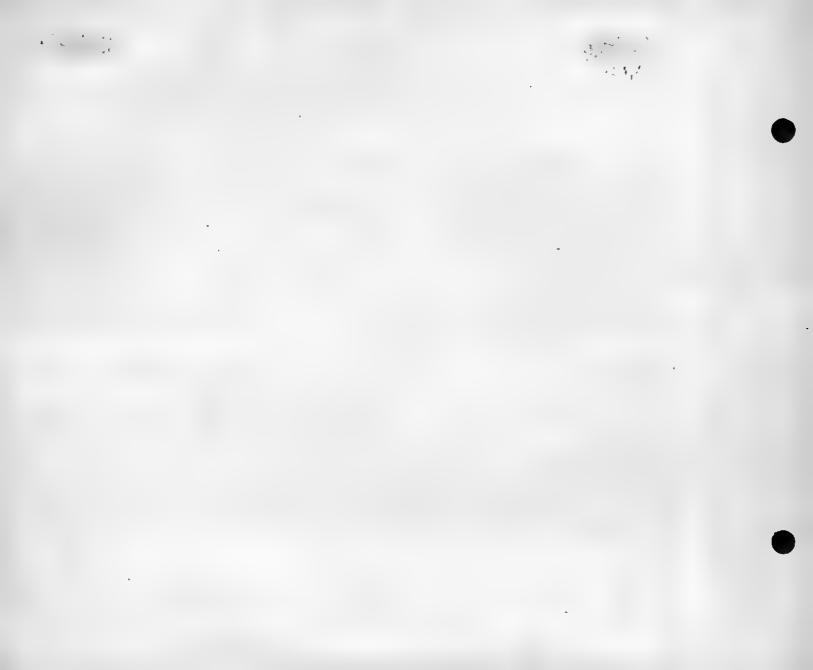
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VR A15ME (5)	24. FUNFRAL D	100		ADDRESS		250 REC'D BY RE	GISTRAR 2%. RI	EGISTRAR'S SIGNAT	
6M 1/67	11668	retorcia	no C	yuarco	11111	DATE FEB	1 4 1967	(Clians)	20 Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02539 he law requires that the death certificate be executed within 24 hours after death death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) physician and campletely filled in by the funeral PLACE OF DEATH n. COUNTY o. STATE 5. COUNTY RINEE PriNEC GEORGE ye carbon papers. Pages I event, within 72 hours after MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate mits. write RURAL and give negrest town) NtOK & NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO F YES 3. NAME OF Middle 4 DATE Month Day Year Las? DECEASED OF DEATH CB. 1960 / (Type or print) WOO IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE DATE OF BIRTH IIn veors 7. MARRIED NEVER MARRIED lost of theory Months Doys Hours MALE WIDOWED DIVORCED 10b, KIND OF BUSINESS OR 12. CIT ZEN DE WHAT 100 USJAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY ein Chath mia U.5A AryLAR. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) signed by the burial-transit p PART I DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (o) 162 DUE TO Conditions, if any, which gave rise to immediate couse (o). DUE TO stating the underlying couse as the priar to O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) USe Health | NO YES jo 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While ot work of work be retained by , 1967, to 2 - 26, 1967, that (I) (we) lost 21. I certify that (I) (this hospital) attended the deceased from 2 - 4 2. 15 19 6 7, and that death accurred at 10-75 M, from couses and on the date stated above. saw the deceased alive an 22o SIGNATURE 22b. DATE SIGNED **ATTENDING** PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, 230 BUR AL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY , LOCATION (City or Town (County) (Stote) REMOVAL (Specify) 2So. REC'D BY REGISTRAR VR A15 (4) DATE MAR



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH e law requires that the deoth certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE **b.** COUNTY PRINCE GEORGE S MARYLAND ease remove carban papers. Pages 1 and in ony event, within 72 hours after b. CIY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) WASh 2 YRS DC COLLEGE PARK d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) and completely filled in ON A FARM? 13 24 494 9400 NO K NAME OF Fist Middle Lost 4. DATE Manth Day Year DECEASED DIEHL FEB 1967 (Type or print) DEATH S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF JNDER 1 YEAR IF JNDER 24 HRS. 7. MARRIED NEVER MARRIED Jast birthday) Months Hours WHITE FEMALE 1880 WIDOWED 🗷 DIVORCED NoU. 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR 1Do USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY HOUSE WIFE
13. FATHER'S NAME WASHINGTON. 14. MOTHER'S MAIDEN NAME CHEVALIER ELLEN COLLINS ALFONSA 16. SOCIAL SECURITY NO 17. INFORMANT IS. WAS DECEASED EVER NU.S ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) Address ABCD SAME AS INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit PART I. DEATH WAS CAUSED BY-ONSEZ/AND DEATH signed by 1 IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse far use os the t Health priar to b be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE CONDITION GIVEN IN PART /{o} exilence Curvature NO TO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature at injury in Part I or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or tawn) (Stote) 20e PLACE OF INJURY (Home, form, (Caunty) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED foctory, street, office bldg., etc.) Hour a.m. Not While ot wark at wark 21. 1 certify that (1) (this haspital) attended the deceased from May 10, 1965, to Feb. 17, 1967, that (1) (we) last 1967, and that death accurred at 7:3c PM, from causes and on the date stated above. saw the deceased alive an Feb. 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. PHYS. PHYS. **ADDRESS** 22c PHYSICIAN'S 22d NAME (Type) 8021 director, should b 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF BURIAL (Specify) MT. OLIVET CEM WASHINGTON D.C. FEB 21 1961 2Sb. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) DATE FE W.W. CHAMBERS RIVERDALE 20 M 1/66

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02542 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY rince George's Prince George's o. swe ony deloy is 1, 2, and 3 to m PM3. Poge burial-tronsit permit. File pages land 2 with the State Deportment of MARYLAND b CITY OR TOWN (If outside corporate imits, write RURAL and one nearest fown)

CheverLy c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Hillside 18 hours d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE be executed within 24 hours after death. If a fending in pencil in Item 18. Give Pages 1, he Medical Examiner's Office along with form 1513 59th Avenue Prince George's Hospital YES NODE 3 NAME OF FIRST Middle Lost 4 DATE Month Doy DECEASED Marv Ann Dooms February 67 (Type or pnnt) DEATH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7 MARRIED DC. NEVER MARRIED 8 DATE OF BIRTH lost birthdoy) Months 2-20-45 Hours event within 72 hours after deoth. white WIDOWED DIVORCED female 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT INDUSTRY COUNTRY? Washington D. C. USA 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME George Armstrong Letitia McGovern 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) James F. Dooms - husband Same as 2 NO 18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY. NTERVAL BETWEEN CASET AND DEATH Hemorrhage the certificate, wr ting the word of should be farwarded to the Chie IMMEDIATE CAUSE (o) Rupture of esophageal varix 2 days This certificate should DHE TO ony Conditions, if ony, which gove Portal hypertension unimown rise to immediate couse (a). DUE TO Cirrhosis of liver over 5 yr stoting the underlying couse ond 19 WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) cremotion, or removol, CATION YES 🔀 NO 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of njury in Port I or Port II of item 18) CERTIF 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) Hour om. foctory, street, office b dq , etc) Not While -DIRECTOR: Page of work of work 21 I certify that I taok charge of the remains described above, held an Autapsy Inspect an Inquiry 🔀 and in my opinian Suicide death resulted fram Natural causes DX Accident Hamicide 🗌 Undetermined manner funeral director CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE moy be re FUNERAL I 2-4-67DEPUTY MEDICAL EXAMINER 😾 **EXAMINER'S** John Kehoe, M.D. Heolth NAME (Type) Andress (Street city town town to county) 230 BUR AL, CREMAT ON 23d LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Stote) (County) 0 REMOVAL (Specify) 2/6/67 Congressional Cemetery Washington NX D. C. 25b REG STRAR S SIGNATURE 2So REC D BY REG STRAR 24 FUNERAL DIRECTOR 11helm Funeral Home ADDRESS VR A15ME (5) 6M 1/67 4308 Suitland Road, Suitland Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) the attending physician and campletely filled in by the funeral sit permit. Then please remove carban, papers. Pages 1 and PLACE OF DEATH o COUNTY Prince George's Prince George's MARYLAND The law requires that the death certificate be executed within 24 haurs after CFTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c (ITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) papers. Page thin 72 hours a Fairmont Hghts 10 hours Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENÇE ON A FARM? 607 - 60th Ave. YES 🗌 Prince George's General Hospital NO ent_writhin NAME OF Middle Lost 4. DATE Month Day Year DECEASED Constance Drew FEb. 23 19 67 (Type or print) DEATH IF JNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7 MARRIED XXX NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years (last birthday) Months Doys Haurs in any WIDOWED DIVORCED 5/6/17 **Female** Colored 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and in during most of working life, even if retired) INDUSTRY **COUNTRY?** Washington, D.C. HOUSEWIFE 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME TOWNSENG LUCAS CYNTHIA JOHNS IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address FAIRMONT HGTS. (Yes, na, ar unknown) (If yes give wor or dotes of service) MR. LLOYO C. DREW, 607 60TH AVENUE, MD. NONE II GIN. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) signed by the burial-transit SCALO ONSET AND DEATH PART + DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DHE TO Canditians, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying cause Page 4 may be retained by the mapping.

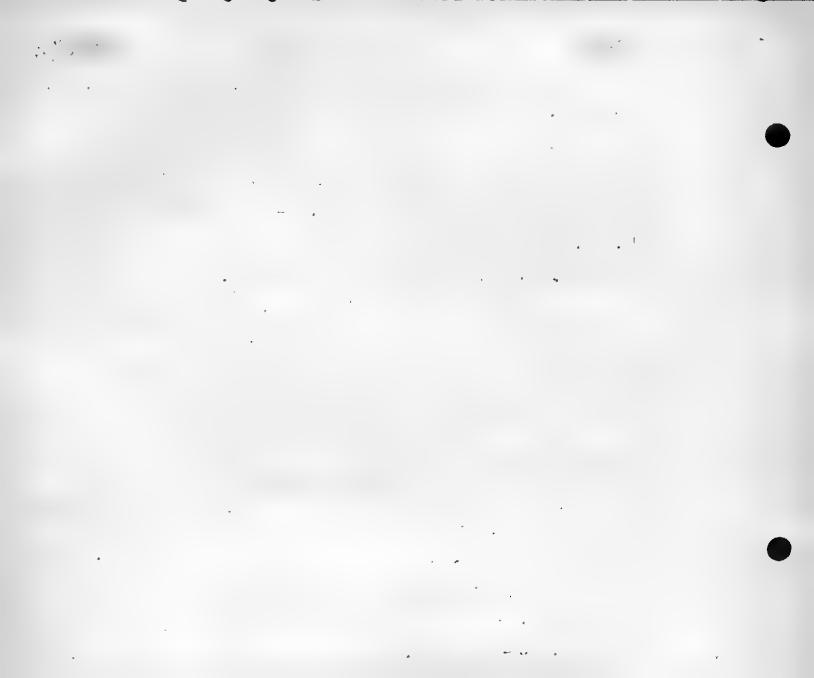
TO FUNERAL DIRECTOR: After this certificate has been for Funeral Director of the man 3 should be detached for use as the 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ed monory YES VY NO F 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) MCCIDENT WAS INDERLYING OR-CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year foctory, street, office bldg, etc.) Nat While of work _____, 19.67 , ta FEb. 23 _____, 19.67 , that (1) (we) last 2). I certify that (1) (this haspital) attended the deceased from FEB 23 saw the deceased alive an Feb 23 19 67, and that death accurred at 11:201, fram causes and an the date stated above. 22b. DATE SIGNED 220 SIGNATURE ~ **ATTENDING** ornan M.D. DIRECTOR PHYS director, page 3 22d ADDRESS 3231 Superior Lane, Bowie, Md. 22c PHYSICIAN'S Dr. Norman K. Bohrer NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMAT ON. 23b DATE THEREOF (State) REMOVAL (Specify) 2-27-67 CEMETERY LINCOLN MEMORIAL SUITLAND, MARYLAND **ADDRESS** 25a REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1 RHINES COMPANY 3015 12TH ST. 20 M 1/66 SHINGTON D.C.



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY Prince George aiter after Maryland Pr. Geo. MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hours .= Brandvwine Brandywine filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4--Box Route Box NO X and nomipletely fremove carbon party of any event, within YES executed within Judicson NAME OF Middle DATE Month Year DECEASED False (Type or print) DEATH 5. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min. DATE OF BIRTH 7. MARRIED NEVER MARRIED Male White WIDOWED [DIVORCED [Aug. 20-1906 60 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY physician in please r 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Prince George County Police Marvland USA certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетоуа attending r ermit. Ther Pinkney Earnshaw Bertha 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Wife death 9 (Yes. no, or unkown) [(If yes give war or dates of service) d by the att transit perm cremation, Virginia Earnshaw Same as Item 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 INTERVAL BETWEEN ONSET AND DEATH ial-transit ial, crem PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hosp tal or attending physician. 000 Signed been s. 'te buria, buria' DUE TO Conditions, if any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health r this certificate h detached for use te Dept. of Health | CERTIFICATI PERFORMED? YES [NO [20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part | of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) (County) Hour a.m. After Not While While at work at work TO FUNERAL DIRECTOR: Atl director, page 3 should be should be filed with the St 21. I certify that (1) (this hospital) attended the deceased from 12-20 19 and that death occurred at & 14 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED Feb. 28-1967 M.D. PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Richard H. Dobson Brandywine, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION.I REMOVAL (Specify) Waldorf. burial Trinity Memorial Gardens Maryland 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1661-Good Hope Rd SE Wash DC 20 M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02546 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 haurs after death. and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY o. STATE b. COUNTY Prince Georges D.C. and completely filled in by the fur remove carbon papers. Pages 1 in ony event, within 72 hours after MARYLAND E LENGTH OF STAY IN 16 b CITY OR TOWN (f autside carparate limits, CITY OR TOWN (If garside carparate limits, write RURAL and give negrest town) write RURAL and give negrest tawn) 19 days Washington Glenn Dale (rural e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Glenn Dale Hospital 1605 7th St., N.W. YES NO KX 3. NAME OF Middle 4. DATE First Last Month Dov Year DECEASED Claude 19 67 S. Eaton February 6. (Type or print) IF UNDER I YEAR IF UNDER 24 HRS. S SEX 8 DATE OF BIRTH 6 COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED pirthday! Hours Months Days 11/3/1892 WIDOWED DIVORCED male negro 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY North Carolina Retired unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Russell Eaton Fannie Boyd buriol, cremation, or remov IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 577-14-9191 decedent 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Carcinoma of the urinary bladder with metastases Poge 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause i e OS PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION, GIVEN IN PART 1(a)
Pulmonary tuberculous, moderately advanced; right tuberculous pleurisy with effusion; generalized arteriosclerosis. 19 WAS AUTOPS! PERFORMED? use of Health NO TX fer 20a ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18) detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year DIRECTOR: After this Hour a.m. factory, street, office bldg., etc.) Not While of work OR ATTENDING of work 17187 . 19.67 to 2/6/ 19 6 /, that (\ (we) lost 21. I certify that (this haspital) attended the deceased from 1967 and that death accurred at 1:30 M from causes and on the date stated above sow the deceosed olive on 22g SIGNATURE 22b. DATE SIGNED 2/6/67 DIRECTOR C PHYS. M.D. PHYS. director, page 3 should be filed Glenn Dale Hospital 22d ADDRESS 22c PHYSICIAN S FUNERAL NAME (Type) Moe Weiss, M.D. Glenn Dale, Maryland 230 BUR AL REMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Jown) (State) DATE THEREOF REMOVAL (Specify) Memoural 0 250 REC D. BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE **EUNERAL DIRECTOR**



MARYLAND STATE DETAIL

OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02549 OF DEATH CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) filled in by on papers. Pages I w. o. COUNTY. o. STATE b. COUNTY MARYLAND c. LENGTH DE STAY IN 16 (If outside corporate limits. (If outside corporate limits, write RURAL and a ve nearest town) d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE DN A FARM? event, within 72 YES NO T NAME O DECEASED OF DEATH (Type of print) S. SEX 9. AGE (In years IF UNDER I YEAR 7 MARRIED 8 DATE OF BIRTH IF LINDER 24 HRS edse remove lost birthday) August 1. DIVORCED | and in ony MIDDWED 10b. KIND OF BUSINESS OR 100 USUA, OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT The law requires that the death certificate be dring most of working life even if retired)
Retired Staff Accountant COUNTRY? Washington. Delephone 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME or removal. PRAH BEORGE MAKY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address Greenock Road (Yes no, or unknown) (If yes give wor or dotes of service) 577-01-3032 INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DIJE TD Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse os the 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN IN PART 1(6) ficote hos NO 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE DF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While at work 21. I certify that (1) (this hospital) attended the deceased from the 10, 1965, to Fix 20, 1967, that (1) (we) last 1967, and that death accurred at ICILIPM, from causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an. 220 SIGNATURE DIRECTOR M.D. 22d. ADDRESS 22r. PHYSICIAN S NAME (Type) 23d LOCATION (City or Town 230. BURIAL, CREMATION, (Stote) BREMOVAL (Specify) Rock Creek Cemetery Washington, 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Georgia Ave. VR A15 (4) 25M 1/67 umphreu.

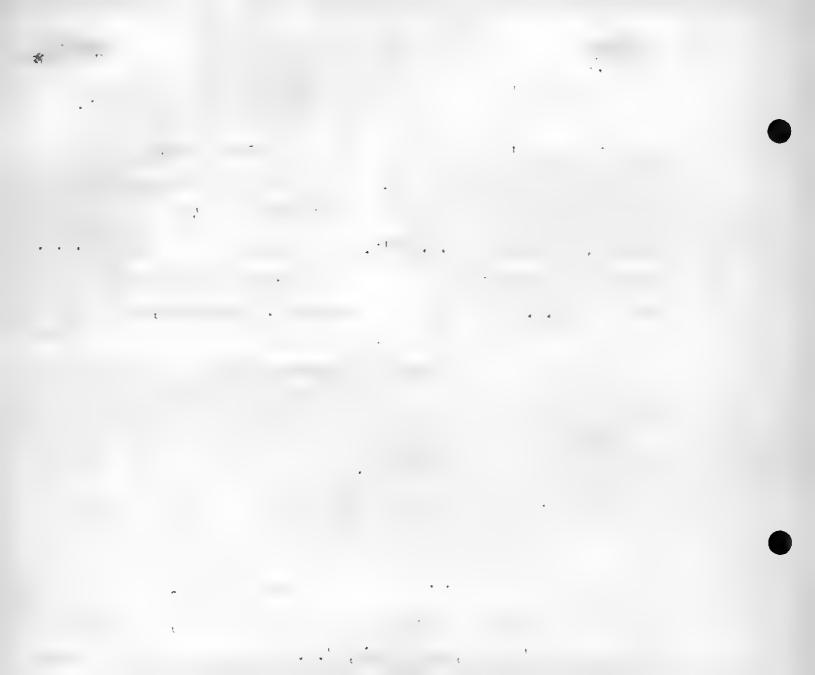


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02550 CERTIFICATE OF DEATH death. within 24 haurs after death. by the funeral Poges 1 and 2 puo 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PRINCE GEORGE'S physician and completely filled in by the fur en please remove carbon popers. Pages I oval, and in any event, within 72 hours offer MARYLAND CITY OR TOWN (if autside carparate .mits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLINTON BASE 5HR 51MIN ANDREWS AIR FORCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS SPRINGBROOK LANE NO X HOSPITAL ANDREWS 3 NAME OF Middle 4. DATE Inst Month Doy Year DECEASED DEATH FEBRUARY 22 1967 MARY **FAMOSO** ANN (Type or pnnt) requires that the death certificate be executed S. SEX NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours 5 22 FEB 1967 CAUCASIAN WIDOWED DIVORCED burial, cremation, or removal, and in any FEMALE 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? PRINCE GEORGE'S.MD. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME CHARLES ANTHONY FAMOSO TERESA AGNES COTTER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknown) ((If yes give war ar dates of service CHARLES A FAMOSO-FATHER-SAME AS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the bur of-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH RESPIRATORY ARREST IMMEDIATE CAUSE (o) DUE TO (b) MULTIPLE CONGENITAL ABNORMALITIES 5HR 51MIN Conditions, if any, which gave rise to immediate cause (a) DUE TO stating the underlying cause Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to last. 19. WAS AUTOPSY PERFORMED?
YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20g ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of unjury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OF CURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour o.m. factory, street, affice bldg., etc.) Not While of work 1967 to 22 FEB 19 6 /that (we) lost 21. I certify that (K(this haspital) attended the deceased fram.... 22 FEB 22 FEB, 1967, and that death occurred at 11:3 M, from causes and an the date stated above. saw the deceased alive on_ : 33 22b. DATE SIGNED 22a SIGNATURE **ATTENDING** M.D. DIRECTOR PHYS. CHAETE HOSPITAL ANDREWS JORDAN CAPT .USAF.MC AFB_WASHINGTON ANDREWS 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION. REMOVAL (Specify) Feb. 27-67 Arlington National burial Cemetery . Arlington 24. FUNERAL DIRECTOR 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Good Hope Road SE. Wash. Charles DATE FEB

27 5.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution- Residence before admission) o STATE Maryland o COUNTY Montgomery the State Department of Prince George 's

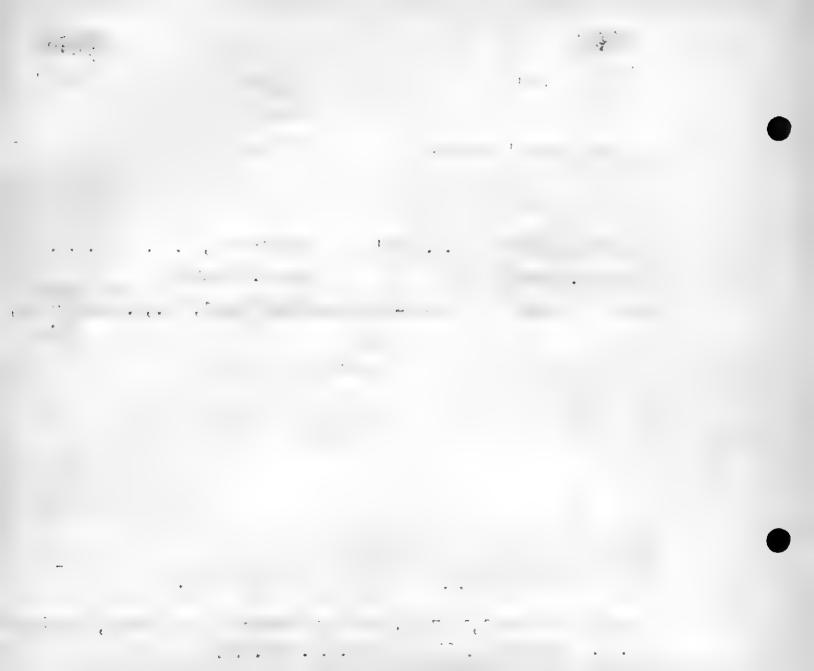
b CITY OR TOWN (It outs de corpo ate limits,
write RURAL ond give nearest town) MARYLAND CLENGTH OF STAY N 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly 36 days Silver Spring d NAME OF HOSP TAL OR INSTITUTION (finot in hospital, give street address) e S RESIDENCE ON A FARM? d STREET ADDRESS icate writing the word "pending" in penci in Item 18. Give Pages 1, be forworded to the Chief Medical Examiner's Office along with form 3618 Gleneagles Drive NO Soc Prince George's Hospital NAME OF Middle 4 DATE Year DECEASED (Type or print) Thomas Farrington DEATH February SEX 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED last, by thday) Months white 12-6-88 male WIDOWED DIVORCED 100 LSUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 1. 8IRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) U.S.Gov t Retired, Engineer Minnesota Charlotte Raynesford Frederick Farrington 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) event within Marion B. Farrington, Same as #2 W.W.I Yes 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c).) INTERVAL BETWEEN burial-trons t PART I DEATH WAS CAUSED BY ONSET AND DEATH Hepatic and renal failure IMMEDIATE CAUSE (o) This certificate should DUE TO In ony Conditions, fony, which gove Generalized arteriosclerosis vears rise to immediate couse (a), DUE TO stating the underlying couse ond PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND T ON GIVEN IN PART I(o) PERFORMED? removol, CERTIFICATION NO + Fracture of neck of left femur 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18) should PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Fell at home. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) While of work of work Same as # 2 Home 21 I certify that I taak charge of the remains described above held an Autopsy ... Inspection x, Inquiry x. and in my opinian DIRECTOR: Natural Couses 1. Acodont & death resulted from Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER may be re FUNERAL D SIGNATURE funeral 2-19-67 DEPUTY MFDICAL EXAMINER **EXAMINER'S** John Kehoe, FO FUN Health Add Ritverda lon, or Mahy) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF Evergreen Cemetery Owego 24 FUNERAL DIRECT Joseph Gawler's Sons, Washington, D.C. PEB VR A15ME (5) 6M 1/67



I	tems 18&21 Film 359 6-19MARYLAND;		
9-1	_	DI W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	02552 MEDICAL EXA	AMINER'S CERTIFICATE OF DEATH	095/5
HEALTH DEET	PLACE OF DEATH OCCUPITY Prince George's	2 USUAL RESIDENCE (Where deceased lived, if institution Resonance of STATE b. COUNTY MARYLAND New Jersey	s dence before admission)
delay is ond 3 to M3 Page tment di	b CITY OR TOWN (If auts de carparate limits CIENGTH OF Write RURAL and give nearest tawn)	F STAY IN 16 C CITY OR TOWN (II autside carparate 1 m ts, write RURAL and	d give nearest town)
PM3 P	Cheverly		ps.
- 1-d O	d NAME OF HOSP TAL OR INSTITUTION (11 nat in haspital, give street addition	ress) d. STREET ADDRESS	e 15 RESIDENCE ON A FARM?
H If If If I form	Prince George's General Hospital		YES NO X
Post with Post	DECEASED	ddle Last 4 DATE Month OF	Day Year
hours after death tem 18. Give Page Office along with to and 2 with The State r death	(Type or print) Walter Marv	rese Farrow DEATH 2	9 19 67 NDER I YEAR IF UNDER 24 HRS
\$ 8 8 \$ £		last birthday) Mani	
hours tem 1 Office ond 2 death	100 USUA, OCCUPATION (Give kind of work done 10h KIND OF B., SINES		2 CITIZEN OF WHAT
24 hi in Ite r's Of r's Of es 10	during most of working le, even if retired) Horse Groom Racing	Eatom, N. J.	COUNTRY?
thin 24 incil in niner's pages vrs ofte	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7,77
with in pen Exomi File p	Theodore Farrew	Sarah James	
ed red s	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY (Yes, no or unknown) (If yes give war ar dates of service)		
executed ading" in Medicol 1 permit.	No 837-7750	0 478 Woolley Funeral Home, Longbran	nch, N.J.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c	d.)	ONSET AND DEATH
should be en word "per or the Chief" burnal-tronsit	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart fa:	lture	
worl wor the rial-i	(anditions, if any, which gave) (b) Arteriose	clerotic heart disease	ļ
te shoul the woul I to the p bural-	rise to immediate cause (a), stating the underlying cause DUE TO	oldfodig meal C albeage	
ficate right right right of the conditions on the conditions of th	lost (c)		
This certificate should icate, writing the word be forworded to the Cf be used as a burial-tri removal, and in any ev	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED? YES (X) NO
MINER: This the certificate, a should be found itself its a should be untiles a should be untilen, or remonation, or remonation.	PRIMARY Or CONTRIBUTING C	viURY OCCURRED (Enter nature of Injury in Part or Port II of item 18.)	
TO DEPUTY MEDICAL EXAMINER: This certine necessory, please execute the certificate, writh the funeral director. Page 4 shauld be forwood may be retained for your files of FUNERAL DIRECTOR: Page 3 should be used Health prior to buria, cremotion, or removol.	20c T MC OF NJURY Month, Day, Yeor Hour a.m. P.m. 19 Otwark of work	ED 20e PLACE OF NJURY (Mame, form, 20f (City or fown) le factory, street, office bldg., etc.)	(Caunty) (State)
MEDICAL EXA pleose execute director. Page et oined for you DIRECTOR: Page r to buria, crem		bed abave, held on Autopsy X, Inspection X, Inquiry	X, and in my opinion
Se exertor. Pertor. Purior formation for buriar, buriar, buriar, buriar,		nt 🔲, Suicide 🔲, Homitide 🔲, Undetermined manner	
NEC POSSE PO	ACTUAL / R / R	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
Y N N D of d d d d d d d d d d d d d d d d d d	SIGNATURE	M D ASSISTANT MEDICAL EXAMINER	2-10-67
PUT Sory Uner y be (ER/	EXAMINER'S NAME (Iyue) Palace M. D. Discondo J.	DEPUTY MEDICAL EXAMINER A	×-10-0 \
O DEPUTY MEDICA necessory, pleose ex the funeral director. 5 may be retained in 5 FUNERAL DIRECTO Health prior to burior	NAME (Type) John Kehoe M.D., Riverdal 230 BURIAL (REVATION) 23b DATE THEREOF 23c NAME (OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
5 = = 2 D =	15014 a14 2/14/67 White	e Ridge Eatown, N.J.	
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRI	RESS 250 REC D BY REG STRAR 256 REGISTRA	RS SIGNATURE Judge
6M 1/67	Charles R. Law- 802 Madison, Ave	DATE FEB 17 1967	- Los Junga

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02553 02546 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH b. COUNTY ince George's Prince George's 2, ond ... PM3 Poge Maryland Deportment of MARYLAND b CITY OR TOWN (If auts de corporate limits, write RURAL ond give nearest town) c CtTY OR TOWN (It outs de corporate limits, write RURAL and give nearest town) CLENGTH OF STAY N 1b North Forrestville DOA Cheverly d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUT ON (It not in hospital give street address) the certificate, writing the word 'pending" in pencil in Item 18. Give Poges 1, 3 4 snould be forworded to the Chief Medical Examiner's Office along with farm 8106 Martha Street NO IX Prince George's Hospital hours after death Year Midd e 4. DATE NAME OF DECEASED February26 Ferrel Harry DEATH (Type or print) Lyman F LINDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH 9 AGE (n years S SEX 6 COLOR OR RACE 7. MARR ED NEVER MARRIED rthdoy) white 9-10-21 hours ofter deoth, male WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State ar fore.gn country) COUNTRY? INDUSTRY D.C. Washington, D. Plummer Inspector Anna B. Crothers Frank W. Ferrel

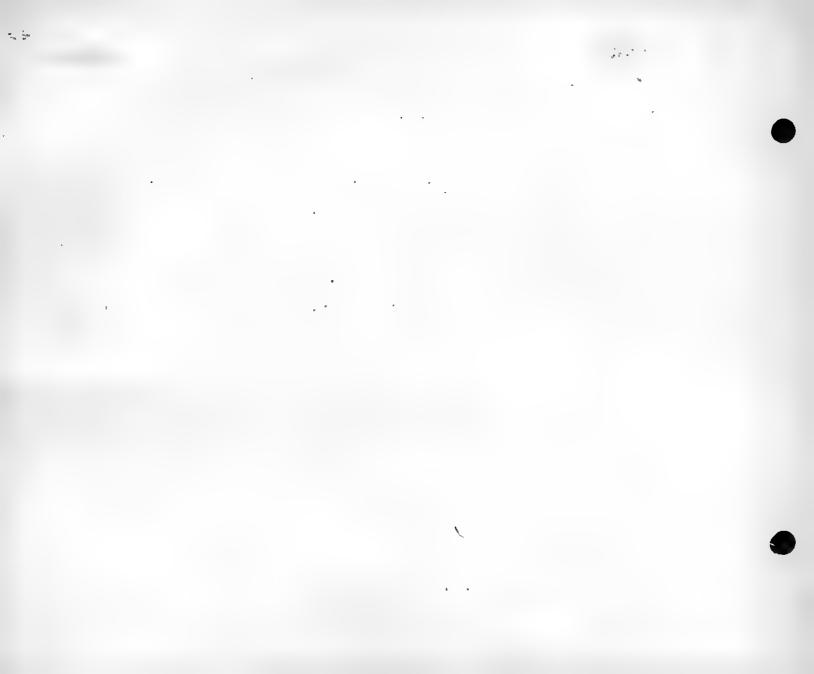
IS WAS DECEASED EVER IN U.S. ARMED FORCES? Address 8106 Martha 16. SOCIAL SECURITY NO within 72 (Yes, no, or unknown) (If yes give war or dates at service Margaret Ferrel, St., N. Forestville MAL BETWEEN ONSTEAND DEATH IN NUTES IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY event Heart failure IMMEDIATE CAUSE (n) fhis certificate should DUE TO any Arteriosclerotic heart disease Conditions if any which gove rise to immediate couse (a). DUF TO stoting the underlying couse WAS ALTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) cremotion, or removal, NO 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of inury in Port Lor Port Lof tem 1B) 3 shauld b PRIMARY I or CONTRIBUTING I CAUSE OF DEATH (County) (Stote) 20e PLACE OF INJURY (Home form (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d NURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While Inspection XX Inquiry & 21. I certify that I taak charge of the remains described above held on Autopsy [and in my apinian Undetermined manner death resulted fram: A Natural causes 300 / Acciden the funeral director moy be retained FUNERAL DIRECT CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL 5 moy be reto TO FUNERAL DI Health prior t ASSISTANT MEDICAL EXAMINER SIGNATURE 2-26-67 DEPUTY MEDICAL EXAMINER 😿 **EXAMINER'S** ARiverdaleun, Mdunty) John Kehoe, M.D. NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL (Specify) March 1,1967 Ft. Lincoln Cemetery Registrate Bladensburgs Maryland VR A15ME (5) & W. W. CHAMBERS CO. 517 lith St. S. E. Wash. D. WAR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02554 CERTIFICATE OF DEATH any event, within 72 haurs after death. the ottending physician and campletely filled in by the funeral sit permit. Then slease remave carban papers Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH requires that the death certificate be executed within 24 haurs after deat a. COUNTY a. STATE b. COUNTY Prince Georges MARYLAND Maryland Prince Georges c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) 10 days Cheverly Hvattsville e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 4206 74th Ave. Prince Georges General Hospital YES NO TO 3 NAME OF Eust Middle Last 4. DATE Manth Day Year DECEASED OF Cleone (Type or print) DEATH Feudale Feb IF UNDER 24 HRS AGE (n years IF LINDER 1 YEAR S. SEX 6 COLOR OR RACE 7 MARRIED X **NEVER MARRIED** 8. DATE OF BIRTH last birthday) Manths Days Haurs Female White WIDOWED DIVORCED March 10,1913 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT duning most of working life, even if retired) COUNTRY? INDUSTRY Michigan own home 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Fred Miller Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service) 579 09 5659 George S Feudale Hyattsville, Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter anly one cause per line far.(a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave nse ta immediate cause (a), DUE TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPS! PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) ad for use of Health NO 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH be detached State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Not While at wark at work 21. I certify that (I) (this haspital) attended the deceased fram 19 67 and that death accurred at 1.56 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22c. SIGNATURE MEDP M STAFF **ATTENDING** DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c PHYSICIAN'S 4410 74th Ave. Bellemead, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County Colman Manor Pro Geo 23a, BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) Md. REMOVAL (Specify) Ft Lincoln Cemetery Feb 4, 1967 **ADDRESS** 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 FEB Hyattsville, Md. F. Gasch's Sons DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence b COUNTY Prince George a COUNTY O STATE Maryland Prince George deoth. MARYLAND b CITY OR TOWN (if distrible corporate limits, Cheverly c LENGTH OF STAY IN 16 c CTY OR TOWN (If autside corporate imits, write RURAL and give nearest town) Cheverly D. O. A. hours after d NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d STREET ADDRESS S RESIDENCE word "pending" in pencil in Item 18. Give Pages 1, the Chief Medical Examiner's Office along with form ON A FARM? Prince George General Hospital 5404 MacBeth Street ote YES 🗌 NO X 24 hours ofter death 3 NAME OF First Middle 4 DATE Month Dov Year DECEASED VICTOR FITZWATER 8. Feb. 67 (Type or print) DEATH 10 WITH S SEX 9 AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS 6 gt birthdoy) White Hours Male Aug. 15, 1897 W-DOWED. DIVORCED 100 USUAL OCCUPATION (Give kind of work done during mast of work pe life, even if retized) 106 KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CT ZEN OF WHAT Construction TOUNTRY?A. West Virginia 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Samuel Fitzwater & Catherine Halterman IS WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no or unknown) (If yes g ve wor or dotes of service) 215 07 5050 or removol Ina M. Fitzwater Same as #2 (wife) INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) cremation, DUE TO forwarded to the Conditions, if only, which gove rise to immediate couse (a). DUE TO stating the underlying couse PART (I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? certificate, 0 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) ogent, prior PR,MARY Or CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF NJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) foctory, street, office bldg., etc.) Not While Heolth or its designoted 21. I certify that I took charge of the remains described above, held an Autopsy I Inspection Inquiry A and in my opinian moy be refelled for FUNERAL DIRECTOR: death resulted from Natural causes Accident Suicide . Hamicide Undetermined manner the funerol director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER ... SIGNATURE TO DEPUTY 2/8/67 DEPUTY MEDICAL EXAMINER [24] **EXAMINER'S** John Kehoe, M. D. NAME (Type) Address (Street, city, town or county) 230 BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 50 BIREMOYAL (Specify) Ft Lincoln Cemetery Colmar Manor Pro Geo Md. Deb 11, 1967 256 REGISTURE SUCHATURE CINCA 24 FUNERAL DIRECTOR ADDRESS Gasch's Sons Hyattsville, Md. VR A15ME \$51 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY b. COUNTY MARYLAND Pr.Geo. rinco Geo. Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) RURAL and give nearest lown) days Landover Cheverly NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 2919 - Country Club Rd. Prince Geo. Gen. Hosp. YES NO F NAME OF Middle 4. DATE Year DECEASED Joseph Emer v Fones 19 67 Feb. DEATH (Type or print) 9. AGE (In years plast birthday) 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 8. DATE OF BIRTH Months ! 10/25/1907 Days Hours White Male WIDOWED DIVORCED T 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. D.C.Govt. Wash. D.C. Ret.Plumber 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Vivian Sanders William E. Fones 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (above address) 577-62-1539 Mrs.Dora G. Fones Yes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) **DUE TO** ARTERIOSCIEROTIC NT VISEAS Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a ACCIDENT WAS UNDERLYING FT 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Ноиг a. m Not while at work at work 196 that I last saw the deceased , 196Q_, to_ 21. I cortify that I attended the deceased from and that death accurred at H.W.I.M. from the causes and an the date stated above. ACTUAL SIGNATURE **PHYSICIAN'S** NAME (Type) 220 BURIAL CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Arlington Nat . Com. Arlington. Va. 23. FUNERAL DIRECTOR'S SIGNATURENalley's ADDRESSMt.Rainier, 24g. REC'D. BY. REGISTRAR 245, REGISTRAR'S SIGNATURE Funeral Home Maryland DATE 15M 9/SS



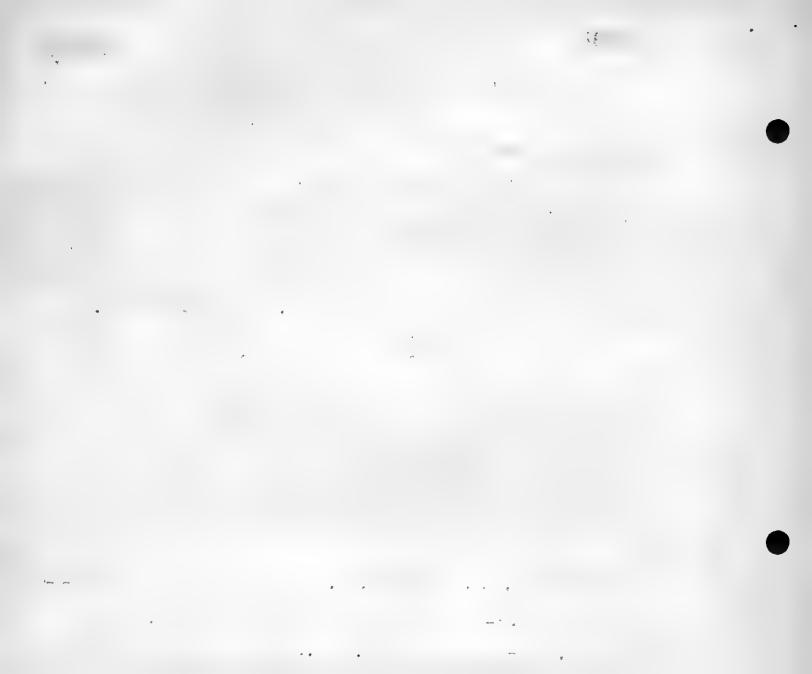
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form form		rince George General		al	5005 Valle		YES T	и0 🔽
ors offer death 1f or 18. Give Pages 1, 3 ce olang with form 12 with the Stote Deposit.		NAME OF FISH DECEASED (Type or print) SEX 6 COLOR OR RACE 7		Joseph	Foy B. DATE OF BIRTH	O.F.	Manth Doy Yeo 2 13 19 3	67
m 18. (f.ce old.	J		WIDOWED	NEVER MARRIED	2-13-1933	34 y	Months Days Haurs	Min
within 24 hours pencil in Item I cominer's Office le poofsign? hours	d.	uring most of warking life even firetired) Welder 3 FATHERS NAME	INDSI		,	gton, D. C	COUNTRY?	
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te shauld be executed the word "pending" in a to the Chief Medical a buriol-transit permit.			per line for (o), Combi	-28-2584 M (b), and (c).) .ned intoxic		oeth o. ro	INTERVAL BETA ONSET AND DI	WEEN EATH
ficate shaulting the worrded to the as a buriol-tong ond in ony e		rise to immediate cause (a), stating the underlying cause	Alc	ohol and ca	rbon monox	ride	hrs.	
INER: This cert fica e certificate, writing should be forwarder fi es. 3 should be used as	ATTON	PART I OTHER SIGNIFICANT CONDITIONS CONT		EATH BUT NOT RELATED TO	THE TERM NAL DISEASE CO	NDITION GIVEN IN PART I(a	PERFURME	OPS/ ED? NO 🔯
	CERTIFICATION	20g EXTERNAL CAUSE WAS PRIMARY To CONTRIBUTING CAUSE OF DEATH		BE HOW INJURY OCCURRED hose from ex)	
XA Ute ge you you	MEDICAL	$11.00 \text{rom}^{\text{pm}} 2 = 12 = {}^{17}67$	20d INJUR While at wark	y OCCURRED 20e P.A. Not While at wark Priv	CE OF IN.UR/ (Hame far ary, street, office bldg , elc e way of ho	m 20f (City or law) me same a	s #2	(State)
for for		21. I certify that I took charge o death resulted from: Notural c		ns described above, he Accusent, Suic		e 🔲 , Undetermine		apinia
EPUTY MEDICA Ssary, please e funeral director by be retained NERAL DIRECT th prior to burn		ACTUAL SIGNATURE	Te		_MD ASS STANT MEI	DICAL EXAMINER AL EXAMINER	22. DATE	
TO DEPUTY necessary, the funeral 5 may be 0 FUNERAL Health prio	2	EXAMINER'S John Kehoe, M. 30 BUR,A. CREMATION 23b DATE THEREC		Riverdale, M	d. Address (Stree	it, city town ar county) 23d LOCATON (fity o	2-13-67	1a1e)
0 京長 2 0 元		BO BURA, CRIMATION 236 DATE THERECORE REMOVAL Cheered 2/16/1	967	Arlington	National	Arlingto		,
VR A15ME (5) 6M 1 67	0	Hirthur Walters	254 	Carroll St	0.46	B 16 1967	yclimles Judge	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02558 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a STATE b. COUNTY . Then please remove corbon papers. Pages remayol, and in ony event, within 72 hours afti b CITY OR TOWN (If autside carparate limits c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town Berwyn Heights, Md. Ξ d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS B IS RES DENCE ON A FARM? 5615 Seminole St filled YES NO X NAME OF Middle Last 4. DATE Month Day Year DECEASED E. Feb Habel 13. 67 Frost 19 (Type or pnnt) DEATH 5. SEX DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Days Jost b rthday) Manths Hours female white WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) Own home during most of working life, even if retired)
Housewife COUNTRY? ^Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clark C Finnell Ida li Levi attending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war or dates af service 16 SOCIAL SECURITY NO. 17 INFORMANT Address 0 Fred C Frost Berwyn Heights. Md. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the buriol-transit buriol, cremoti by the ONSITY AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise ta immediate cause (a), DUE TO far use as the l Health prior to b stoting the underlying cause has been TO HOSPITAL OR ATTENDING PHYSICIAN: The law (c) 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🗀 NO V this certificate 20g ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part E or Port It of Item 18.) Page 4 moy be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form (City or town) (County) (State) Haur om. factory, street, affice bldg, etc.) While Nat While 19 at wark at work TO FUNERAL DIRECTOR: After 1965. to 7-18 21. I certify that (I) (this hospital) attended the deceased from 22-5 1962, that (1) (we) las 1967, and that death occurred at 9/150 M, from causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b DAJE SIGNED M.D. DIRECTOR filed 1 poge in poge 22d ADDRESS PHYSIC AN S NAME (Type) director, should b 230. BURIAL, CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State) Feb 16, 1967 Ft Lincoln Cemetery Colmar Manor Pro Geo Md. 2So REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR Gasch's Sons VR A15 (4) 25M 1/67 Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

-	,	MARYLAND STATE DEPARTMENT OF	HEALTH
100	7 AU 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAL	
	FOR STATE	92559 MEDICAL EXAMINER'S CERTIFICAT	
	HEALTH DEPT.		NCE (Where deceased lived, if institution: Residence before admission)
	to to of	o. COUNTY Prince George s MARYLAND O. STATE MARYLAND MARYLAND	and Prince George's
	delay is and 3 to M3 Page tment of	b CTY OR TOWN (If autside carparate limits c LENGTH OF STAY IN 16 c CITY OR TOWN write RURAL and give nearest town)	(If auts de carparate limits, write RURAL and give nearest tawn)
	de de Mas Mas Mas mit m	write RURAL and give nearest town) Cheverly DOA Cli	nton/_/
	uny dela 1, 2, and 1 nn PM3 P	d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) d STREET ADDRE	6 S RESIDENCE ON A FARM?
	If form form to De		rse Shoe Drive
	24 hours ofter death. If any delay is in Item 18. Give Pages 1, 2, and 3 to er's Office along with form. PM3 Page ges land 2 with the State Department of after death.	3 NAME OF First Middle Cost DECEASED	4 DATE Month Day Year
	dec will will he S	(Type or print) Annie Elizabeth Fulmer	OF DEATH 2 19 67
	hours ofter death tem 18. Give Page Office olong with f and 2 with the Stot r deoth	S SEX 6 CO. OR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	s of 18.	Female White WIDOWED X DIVORCED 28 May 1	ast birthday) Manths Days Haurs Min
	our fin fice deo	10a USUAL OCCUPATION (Give kind af work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE	(State or foreign country) 12 CT ZEN OF WHAT
	24 hin Iteris Offer offer	10a USLAL OCCUPATION (Give kind of work done during most of working life, even if retired) Notice	1 COUNTRY?
	in 24 iner's iner's ages	13 FATHER'S NAME 14 MOTHER'S MA	
	ence and a second	Horace Ehley Unknown	own
	in pe I Exar	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)	Address
	be executed within "pending" in pencil iief Medical Examine ansit permit File bag ent within \$\hat{2}\$ fours of	(Yes, na, or unknown) (If yes give war or dates of service) George G. I	Hertzog Same as # 2.
	ld be execut rd "pending" Chief Medico transit perm event within	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	INTERVAL BETWEEN
	e e e e f / e f / nsit	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Heart failure	ONSET AND DEATH minutes
	should be to word "pe of the Chief puriol-transit	DUE TO Arteriosclerotic heart dise	
	e shoul the wor to the buriol- in ony	Conditions, if any, which gave) (b)	diriowii
	e sh the to bu in o	rise to immediate cause (a), DUE TO	
	ficate thing the rided it rided to os a oos a	lost (c)	
	This certificate should be executed within 24 icate, writing the word "pending" in pencil in be forwarded to the Chief Medical Examiner's be used as a buriol-transit permit File ages removal, and in any event within 22 fours after	PART IL OTHER'S GNIEKANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(g) 9 WAS AUTOPSY
	This certificate, writh se forward be used common removal, common x.x.	20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury of the contribution of the	PERFORMED?
	ER: This certificate, auld be fould be unit or removing our removing or removi	200 EXTERNAL CAUSE WAS 200 DESCR BE HOW INJURY OCCURRED (Enter nature of injury PRIMARY or CONTRIBUTING	
	INER: The certific should by files. 3 should ition, or r	FRIMARY 🗆 or CONTRIBUTING 🗆	
	EXAMINER: tute the cert oge 4 shauld your files. Page 3 shou cremotion, a	20c I.ME OF INJURY Month, Day, Year 20d NURY OCCURRED 20e PLACE OF INJURY (Hame	e, form 20f (City or town) (Caunty) (State)
	AAM th th th th th th	20c T.ME OF INJURY Month, Day, Year Hour o.m. Pm. 19 While at wark at wark 19 at wark	g, etc)
	MEDICAL EXAMIN please execute the director Page 4 sh etained for your fill DIRECTOR: Page 3 s r to buriol, cremotio	21 I certify that I taok charge of the remains described above, held an Autopsy	, Inspection , Inquiry , and in my apinion
	se exercitor Puned for ECTOR burnol,		nicide Undetermined manner
	Se esto esto me esto m		EDICAL EXAMINER
	dir dir	L ACTUAL / L A / / P1 //	IT MEDICAL EXAMINER 22. DATE SIGNED
	nTY. ry. ry. RAIL prio	DEDITY	MEDICAL EXAMINER 🔀
	DEPUTY MEDICAL EXAM scessary, please execute the funeral director Poge 4 moy be retained for your FUNERAL DIRECTOR: Page eoith prior to buriol, cremo	NAME (Type) com kence, M.D. Riverdale, M. Address	(Street, city, tawn, ar county) 2-6-67
	O DEPUTY MEDICAL EXAMINER: This certinecessary, please execute the certificate, writh the funeral director Page 4 shauld be forward may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be used Health prior to buriol, cremotion, or removal,	230 BURIAL CREMATON, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
	F 1, 5	Cremation Feb. 6-67 Cedar Hill Cremator, 24 Suneral Director 22 ADDRESS 250	
	VR A15ME	11	FEB 7 1967 Lienley Quidee.
	6M 1/67 V	Simmons Bros. 1661- Good Hope Road SE. Wash., DCDAY	FEB 7 1967 fellantes Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02560 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND hours aft b CITY DR TOWN (If outside corporate limits, CLENGTH OF STAY IN 15 c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) The law requires that the death certificate be executed within 24 hours aft write RURAL and give neorest town)
Glenn Dale, Md. Washington, D. C. 16 days corban papers. Int, within 72 ho d. NAME DE HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d STREET ADDRESS filled i 5125 C St., S. E. Glenn Dale Hospital YES NO IX 3. NAME OF First Mitidle Lost 4 DATE Month Yeor and-campletely f Doy DECEASED 19 67 T. Glenn DEATH February 15. Texana (Type or print) IF UNDER I YEAR IF JNDER 24 HRS 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years S SEX 7 MARRIED NEVER MARRIFO iost burthdoy) Months Hours 11/27/1889 female negro WIDOWED XXX DIVORCED 12 CIT ZEN OF WHAT 10a USUAL OCCUPATION (Give king of work done 10b KIND OF BUSINESS DR 11 BIRTHPLACE (County & State, or foreign country) ⊆ physician a ien pleose COUNTRY? during most of working life, even if retired) INDUSTRY South Carolina 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME signed by the attending physi burial-transit permit. Then pl burial, cremotion, or removol, Ida Getter Harve Thompson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY ND 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 578-36-3940 decedent no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Congestive heart failure by the hospital or ottending physician. DUE TO Conditions, fony, which gove (b) arteriosclerotic heart disease unknown rise to immediate couse (o), DUE TO stating the underlying cause d far use os the of Health prior to unknown (d) generalized arteriosclerosis last PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(0) Gangrend 19 WAS AUTOPSY OF Tt. leg, resected by rt. above-knee amputation 2/9/67; thrombosis PREFORMED? Of basilar artery, old: hypertension: multiple splenic & renal infarctions; YES NO 200 ACCIDENT WAS ENDERLYING TO 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury School of the second time of OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME DF INJURY Month, Doy, Year 204 INIURY OCCURRED 20e PLACE OF INJURY (Home, form (City or fown) (County) (Stote) **DIRECTOR:** After this Hour om. Not While foctory, street, office bldg., etc.) OR ATTENDING ot work pt work 2/15/ 19 67, that (X (we) last 21. I certify that (7 (this hospital) attended the deceased fram saw the deceased glive on 2715/ 1967, and the 1/30/ 19 **67** ta Poge 4 moy be retorned 1967, and that death accurred at: 30AMs, from causes and an the date stated above. saw the deceased alive on 22b DATE SIGNED 2/15/67 22o. SIGNATURE DIRECTOR STAFF M.D. 22d ADDRESS Glenn Dale Hospital 22c PHYSICIAN'S O FUNERAL NAME (Type) Moe Weiss, M.D. Glenn Dale, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23 BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S VR A15 (4) 25M 1/67

24 à ٩ E .

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02561 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) COUNTY b. COUNTY Prince George's Prince George's MARYLAND requires that the deoth certificate be executed within 24 hours after filled in by the fun papers. Pages 1 b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) papers. Pag hin 72 hours d Hyattsville. 21 days Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not us haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? carbon pap ent, within 7 Prince George's General Hospital 2510 Mariboro Avenue YES IC NO Graham State 3. NAME OF 4. DATE First Manth Dov Year by the attending physician and completely ronsit permit. Then please remove carbon DECEASED OF 19 67 Farl February DEATH S. SEX IF UNDER YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 9 AGE (In years 7 MARRIED NEVER MARRIED last birthday Months Hours White 11/27/05 pleose remo WIDOWED DIVORCED Male 10a LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT during most of working life, even fretired)

Sales Representative INDUSTRY COUNTRY? West Day New Yor
14. MOTHER'S MAIDEN NAME DETAIL 13 FATHER'S NAME Platt 7. Graham Edna Perana 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 2510 Mazlboro Avenue (Yes na, ar unknown) (if yes give wor or dates of service) 0 222-01-9772 Mrs. Rosemary Graham cremation. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit p buriol, crematic PART I. DEATH WAS CAUSED BY ONSET AND DEATH EROTON ITIS IMMEDIATE CAUSE (a) DUE TO PERFORATION OF BOWEL Conditions, if ony, which gove rise to immediate cause (a), DUE TO A NASTAMOSIS stating the underlying cause Page 4 may be retained by the hospital or attending as the hos been EO SIGMOID last. 19. WAS AUTOPSY PERFORMED? YES NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use RRHOJIS 10 FUNERAL DIRECTOR: After this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stole) Haur a m. Not While foctory, street, affice bldg., etc.) at work at wark 2). I certify that (I) (this hospital) attended the deceased from 1966, to 1966, to 1967, to phoods saw the deceased alive on FEA 10 1967, and that death occurred at 10:50M, from causes and on the date stated above. 22o. SIGNATURI 22b DATE SIGNED PHYS director, poge 3 should be filed v M.D. PHYS 22d. ADDRESS 22c. PHYSiCIAN'S B. CAMERON 0 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (State) BREMOVAL (Specify) 9eb 15 1967 Arlinaton Nat'l Cemetery Arlinaton. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02562 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission a. COUNTY o STATE b. COUNTY Prince George's Maryland Prince George's MARYLAND b CITY OR TOWN (f outside corporate mits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rainier Mt. Rainier get along a state Depart 2 years d NAME OF HOSPITAL OR INSTITUTION (It not in hospital give street address) d STREET ADDRESS e IS RESIDENCE Item 18. Give Pages 1, Office along with farm 3155 Queens Chapel Road. 3155 Queens Chapel Road, Apt. 102 This certificate should be executed within 24 hours after death 3 NAME OF Middle Lost 4 DATE Month OF DECEASED (Type or print) DEATH Greenwell Margaret Marv 9. AGF (In years IF JNDER 1 YEAR IF LINDER 24 HR 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthdoy) Months Hours after geath DIVORCED Feb. 1905 White Female 12 CITIZEN OF WHAT 10o SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or fore an country) during most of working the even if retired)
Housewife **COUNTRY?** INDUSTRY the certificate, writing the word "pending" in penc. In 4 should be farwarded to the Chief Medical Examiner's. Wash D.C.
14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME James F. Baldwin Maria Long 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no. or unknown) ((if yes give wor or dotes af service) 16 SOCIAL SECURITY NO 17 INFORMANT 1328 Se Buchanan S James E.Greenwell 578-05-3374 No 18 CAUSE OF DEATH (Enter only one couse per ne for (a) (b) and (c)) NTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY event IMMEDIATE CAUSE (a) Heart failure writing the word Arteriosclerotic heart disease over 2 mo. any Conditions, if ony, which gove rise to immediate couse (o), Ξ DUE TO stating the underlying couse and 00 be used 19 WAS AUTOPS remayal, PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION NO X 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of item 18) 3 shauld PRIMARY Or CONTRIBUTING Б CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Home form 20f (City or town) 204 INL.RY OCCURRED (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Nat While FUNERAL DIRECTOR: Page ot work at work 21 | certify that I took charge of the remains described above held an Autopsy | Inquiry (50). Inspection 🗶 and in my apinion Accident . Naturah causes death resulted fram: Undetermined manner Suicide L. Hamicide the funeral director. be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE prior DEPUTY MEDICAL EXAMINER 2-16-67 NAME Type) John Kehoe. M.D. Riverdale, Md. Address (Street city, town or county) 230 BURIA, FREMATION 23r NAME OF CEMETERY OR CREMATORY 236 DATE THEREOF 23d. LOCATION (City or Town) (County) 0 Burial Proppect Hill Come Wash. 25b REGISTRAR S SIGNATURE 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Funeral Home Inc. VR A15ME (5) Mar ylandainier, 6M 1/67 DATE



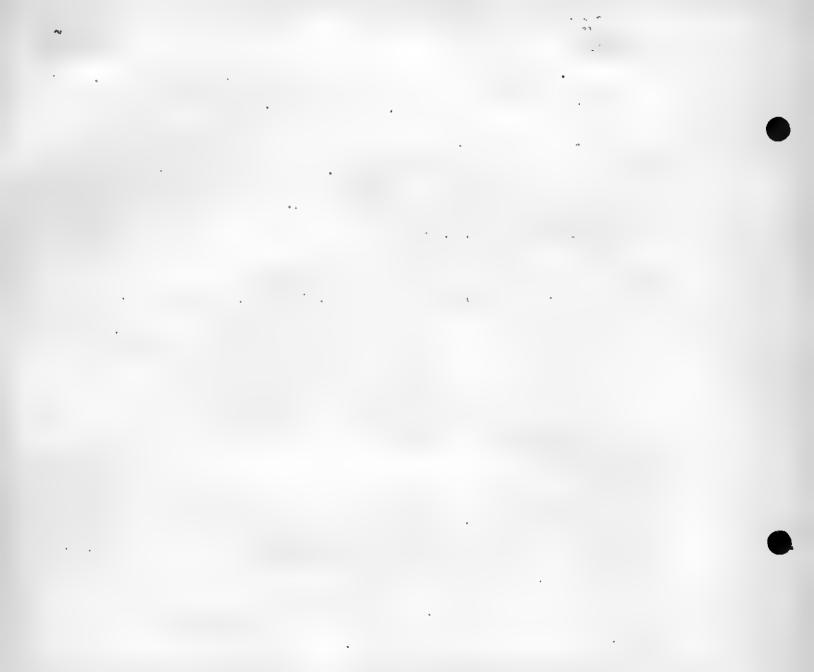
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02563 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) I. PLACE OF DEATH Prince George's Maryland b. COUNTY delay is and 3 ta PM3. Page Prince George's MARYIAND and 2 with the State Department b CITY OR TOWN (If outside corporate imits write RURAL and give nearest town) c CITY OR TOWN (F autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY N Ib DOA Clinton Cheverly d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) e IS RES DENCE ON A FARM? d. STREET ADDRESS Office alang with form Prince George's General Hospital RFD Box 510A Parkers Lane NO X YES Give Pages 3 NAME OF Last DATE Year DECEASED Grimslev 9 67 DEATH (Type or print) Levv YEAR F UNDER 24 HRS 8 DATE OF B RTH 9 AGE (In years IF UNDER 6 COLOR OR RACE 7 MARR ED NEVER MARRIED last birthday) Manths Days Hours 1ет 18. DIVORCED 2-13-95 72 hours after death W DOWED white ma.le 10g USUAL OCCUPATION (Give kind of work done Ob. KIND OF BUS NESS OR 11 BIRTHPLACE (State or tareign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Retired **COUNTRY?** INDUSTRY Virginia USA be executed within 24 Carpenter \subseteq be farwarded to the Chief Medical Examiners 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME penc Liddia Beavers William Grimsley .⊑ 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 7717- Penley (Yes, no, or unknown) (If yes give war at dates af service in any event within 218-18-0617 Mr. Walter F. Grimsley (Son) Lane , Camp No Springs Md INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Heart Failure IMMEDIATE CAUSE (a) writing the word This certificate should DUE TO Conditions, if any, which gave Arteriosclerotic Heart Disease unknown rise to immediate cause (a), DUE TO stating the underlying cause ond be used 19. WAS AUTOPS remayal, PART II OTHER SIGN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18) 3 shauld shauld b PRIMARY Or CONTRIBUTING cremation, ar CAUSE OF DEATH. 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) (County) (State) 20c TIME OF INJURY Manth, Doy, Year factory, street, affice bldg., etc.) Haur a.m. Nat While of work ot work Inspect on X. Inquiry X, 21 1 certify that I took charge of the remains described above, held on Autopsy and in my opinion deoth resulted from Notura Causes X . Accident Suic de . Homic de Undetermined monner the funeral director be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE FUNERAL 2-18-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Kehoe M.D., Riverdale, Maryland NAME (Type) John 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 230 BURIA, CREMATION (County) 0 REMOVAL (Specity)
Burial Feb. 20-67 Fort Lincoln Cemetery Bladensburg . Maryland REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTION VR A15ME (5) Brothers 1661-Gd. Hope Road SE. Wash. DATE B 6M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02564 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY District of Columbia the attending physician and campletely filled in by the test that then please remaye carban papers. Pages the natural than please that the please the please that the please that the please the please that the please that the please that the please that the please the please that the please the please that the please the please the please that the please the Prince George s
b. CITY OR TOWN (If a priside corporate limits, MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. write RURAL and give nearest town) Washington, D.C. 14 days Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 1217 - 51st Ave. N.E. Prince George's General Hospital YES NO 3. NAME OF Middle 4. DATE Month First Lost Dov Year DECEASED FEb. 28 19 67 (Type or print) James DEATH Groomes IF JNDER I YEAR IF UNDER 24 HRS S SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED last birthday) Months Days Hours DIVORCED WIDOWED 1.893 74 Male Colored 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? S. CAROLINA UNKNOWN UNKNOWN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INKNOWN UNKNOWN Address 1217 - 515T 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service crematian, NTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (n) DUE TO signed l Canditions, if any, which gave (b) rise to immediate cause (a). DHE TO stating the underlying couse attending as the has been lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? of Health r NO the haspital ar TO FUNERAL DIRECTOR: After this certificate jo 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 1B.) 20a ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a m Not While foctory, street, office bldg., etc.) of work ot work be retained by 19 67 ta FEb. 28 19 67 that (1) (we) last 2]. I certify that (1) (this haspital) attended the deceased from Feb. 14. shauld saw the deceased alive an Feb. 28. 1967, and that death accurred at 3.445 Mx fram causes and an the date stated above. 22b. DATE SIGNED 22g, SIGNATURE MED PM ATTENDING DIRECTOR PHYS. PHYS. director, page should be filed TO HOSPITAL (Page 4 may b 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Norman K. Bohrer. Prince George's General Hospital NAME OF CEMETERY OR CREMATOR 23d /DOCATION (City or Town) (State) 23a BURIAL CREMATION 23b DATE THEREOF REMOVAL (Specify) ran 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS MAR DATE

WARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Pr. George's 24 hours after Maryland MARYLAND Pr. George's Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 15 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Lanham Riverdale One hour = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5601 Barker Place Leland Memorial Hospital event, within YES NO X executed within completely carbon 3. NAME OF First Middle Last DATE Month Day Year DECEASED OF DEATH Charles (Type or print) Phillip GUINIVAN February 19 67 6. COLOR OR RACE 7. MARRIED NEVER MARRIED and con SEX 8. DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months | Days any Male WIDOWED [DIVORCED 7 Jan. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR .⊑ 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT sertificate be during most of working 1'fe, even if retired)
Ret. Mechinist COUNTRY? Cambria Co Pennsylvania USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova ding 1 William Guinivan Mary Vogel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITYNO. transit permit. Address (Yes, no, or unkown) (If yes give war or dates of service) the atter 12 9171 716 Mrs. Marie K. Gunivan Same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN -transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure & pulmonary edema One hour IMMEDIATE CAUSE (a) n signed | burial-tra burial, cr 7071 **DUE TO** Atrial fibrillation 3 years Cenditions, If any, which gave rise to immediate 書記 DUE TO cause (a), stating the underlying cause last. 98 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate PERFORMED? NO C PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the details of the deta 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from 18 May 1964 to 21 Feb 1967_ that (I) (we) last Feb. and that death occurred at 5. A.M. from the causes and on the date stated above. saw the deceased alive on. 19 67 22a. SICNATURE 22b. DATE SICNED ATTENDING PHYS. 21 Feb., 1967 STAFF PHYS. DIRECTOR E I PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) C. J. Houmann Riverdale, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR OREMATORY 23d. LOCATION (City, town or county) (State) Burrial (Specify) 2/25/67 St. Francis Xavier Cresson 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE Francis Gasch's Sons Hyattsville, Md. VR A15 (4) 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02566 CERTIFICATE OF DEATH
02559

П	1.	PLACE OF DEATH						2. USUAL R	ESIDENC	E (Where dec	eased lived, If In		sidence	before admission)	
_		a. COUNTY Pr. George's MARYLAND					INO	Maryland b. COUNTY Pr. George							
1	_	b. CITY DR TOW	N (if outside o	orporat	e limits,	c. LENGTH OF STAY	c. CITY OR T	OWN (IF	outside cor	porate limits, wi					
ı		b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Riverdale 3					pe	Hv	a tt s		,	1			
ı		Riverdale 3 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address						d. STREET AL					8.	IS RESIDENCE	
*		Leland Memorial Hospital					4217 Jefferson St.						ON A FARM?		
	3.	NAME OF First		rst	Middle		Last		4. OATE	Mont	h	Day	Year		
		(Type or print)	Ra		mez	Selim	Selim		D .	OF DEATH	Fet		23	1967	
	5.	SEX	6. COLOR OR	RACE	7. MARRII	ED NEVER MARRIEO		B. OATE OF BI	RTH	9.	ACE (In years last birthday)	IF UNOER 1		FUNDER 24 HRS.	
-		Male	W		WIDDWE	DIVORCEO	Image: Control of the	4 July	, 19	900	66 yrs.		Days	Hours Min.	
	1Da	. USUAL DCCUPAT	IDN (Give kind o	of work	done 10b.	KIND OF BUSINESS OR INDUSTRY			Yris		or foreign country	y) 12. CI	TIZEN OUNTRY?	F WHAT	
						n business				ā.		COUNTRY? USA			
	13.	FATHER'S NAM	Ε					14. MOTHER	'S MAIO	EN NAME					
Н		Selim	Haddad	l				Zah	eeda	Nas	seem				
	15.	. WAS DECEASED E	VER IN U.S. AR	MEDFO	RCES? 1	6. SOCIAL SECURITYNO.	17.	INFORMANT			Addre	SS			
	(16	no	(is her disc was a	it dures bi	Service)		Da	ughter	, Mi	iss A	lice Ha	a.'dad	,	above	
	T	18. CAUSE OF I	DEATH [Enter	only one	cause pe	r line for (a), (b), and (c).]						INTER	VAL BETWEEN T AND DEATH	
-		PART I. DE	ATH WAS CAUSED IMMEDIATE	SED BY:	(2)			Conge	stiv	re Hea	art Fai	lure	3	nours	
-1		11000		DUE						_					
	-1	Conditions, If			(b)			Gen.	Arte	rios	clerosi	. S	U	nknown	
-1		gave rise to immediate (
	_	underlying cause last. (c)													
,	1011	PART II. DTHERS	IGNIFICANTO	DITIONC	INS CONTRI	BUTING TO DEATH BUT NO	TRELA	TED TO THE TER	MINALO	ISEASECON	OITION GIVEN IN	PART 1(a)		WAS AUTOPSY PERFORMED?	
1	ICA				0	besity (es	tim	ated w	eigh	1t: 40	00 lbs.)	YES	□ NO 🔀	
	CERTIFICATION	Obesity (stimated weight: 400 lbs.) YES NO													
		(IF EITHER, NOT	IFY MEDICAL	EXAMIN	(ER)										
	MEDICAL	20c. TIME OF I		ı, Day, '			e. PLA	CE DF INJURY (I ry, street, office	Home, fai	m, 20f. ((City or town)	(Cou	nty)	(State)	
		p.n		19	at w	ork Not While									
		21. I certify	y that (I) (th	is hosp	ital) atter	nded the deceased fro	m	23 Feb	<u>• , 19</u>	67, to.	23 Feb) . , 196	7, tha	at (I) (we) last	
			ceased alive	on,		<u>eb. 1967</u> , an	d that	death occur	red at £	PM, fro					
		22a. SICNATUR	RE (') -	112	and a	/	Cll	ATTENDING	Pody	rel	eased	22b. DA			
		DIEWO LO LA	AUG /	110	CCC	our	M.0	· FIII.		IRECTOR	STAFF PHYS.	25	F.ep	. 1967	
,		22c. PHYSICIA NAME (Ty		J.	Hou	mann		22d. AD0	HESS	Riv	erdale,	Md.	2	0840	
Ž.	23a	. BURIAL, CREM	ATION I 23b.	DATE 1	HEREOF	23c. NAME OF CEN	ETERY	OR CREMATOR	łΥ		CATION (City, t		nty)	(State)	
		REMOVAL (Spe Burial	ecity)		67			a Ceme			ince Ge			o. Md.	
	24		CTOR /	511	91	7 ZAODRESE /	4-	207.12	5a. REC	D BY REGIS	STRAR 25b. R	EGISTRAR'	SSICNA	TURE	
	1	Huxx	4. No	vil.	. 0	Mich	K	100	ATE D		/ k) ^{PI}	limite	()	108.	
	1	200 2011	100	است		U U U	-	- 10	TER	27-4	36/	MARKET.	3 /10	7	

VR A15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02567 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **HEALTH DEPT.** 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o STATE b. COUNTY Prince George's Virginia MARYLAND b CITY OR TOWN (I outside corporate limits, c CITY OR TOWN (! outside corporate imits write RURA, and give nearest town) c LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Riverdale l week Blackstone d NAME OF HOSPITAL OR INSTITUTION (finot in haspital, give street address) d STREET ADDRESS e IS RESIDENC Medical Examiner's Office along with form ON A FARM? in Item 18. Give Pages 6315 61st. Place 303 Courthouse Road NO 😼 be executed within 24 haurs after death. 3 NAME OF Lost 4 DATE Month Day DECEASED (Type or pnnt) DEATH Josephine Haney S SEX IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE B DATE OF BIRTH 9 AGE (In years 7 MARR ED NEVER MARR ED last birthdoy) Months Dovs DIVORCED hours after death WIDOWED ... Female White 8-24-1902 12 CIT ZEN OF WHAT 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) during mast of working life, even if retired) **Housewife** COUNTRYS INDUSTRY Anne Arundel Co., Md. Domestic 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME Joseph Edward Marshall Mary Priscilla Dove 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 5429 Marlboro Pike (Yes, no, or unknown) (If yes give wor or dates of service within Mrs. Mazie Cummings, Wash. D.C. 20028 INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per ne for (o), (b) and (c))
PART I DEATH WAS CAUSED BY. event 1 ONSET AND DEATH please execute the certificate, writing the ward property in the Chief IMMEDIATE (AUSE (a) Heart failure minutes DUE TO Arteriosclerotic heart disease bver 15 yrs any Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoling the underlying couse PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I(a) 19 WAS ALTOPSY PERFORMED? or remayal, CATION NO X 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item IB) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH cremation, 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, ((ity or town) (County) 20c. I.ME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg, etc.) Not While of work at work Inspection x, Inquiry x, 21 I certify that I took charge of the remains described above, held on Autopsy and in my opin an Accident death resulted from-Notyrol couses, x Su'cide , Homicide Undetermined manner funeral director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAMINER EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. 2-3-67 5 may 1 0 FUNE Health Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMATION 23h DATE IMEREOF REMOVAL (Specify) St. James Chr. Cemetery Lothian A. A. Co. Md.

ADDRESS 250 RELD BY REGISTRAR 250 REGISTRAR S SIGNATURE Burial VR A15ME (5) moowings, Maryland DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02568 CERTIFICATE OF DEATH death. The law requires that the death certificate; be executed within 24 hours after death pup PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) funeral o. COUNTY. ve corban papers. Pages 1 event, within 72 haurs after MARYLAND C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits. c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RURAL and give nearest town) 3.3 .⊑ d NAME OF HOSP JAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 8 IS RESIDENCE ON A FARM? filled i NAME OF DATE remove corban Middle Last Year campletely DECEASED 0F 1965 (Type or print) DEATH SEX IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years burthdoy) Months Dovs Hours and in any DIVORCED WIDOWED 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done BIRTHPLACE (County & Stote or foreign country) icabe eese during most of working life, even if retired). COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 0 burial, crematian, ar removal, 40 Then WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO INFORMANI (Yes, no. or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c),) NTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by by the haspital ar attending physician. DHE TO Conditions, if ony, which gove (b) rise to immediate cause (o). DUE TO stoting the underlying couse been priar ta as the #dsf WAS AUTOPS has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? be detached far use State Dept. af Health YES NO certificate PHYSICIAN: 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (C by or town) (County) (Stote) Hour oim factory, street, office bldg , etc.) Not While at work OR ATTENDING at work 21. I certify that (I) (this hospital) oftended the deceased fram. 1967 that (1) (we) last O HOSPITAL OR ATTEND Page 4 may be retained director, page 3 shaura shauld be filed with the 7 and that death accurred at 11.55 M, fram causes and an the date stated above. O FUNERAL DIRECTION: saw the deceased alive an 22o. SIGNATURE/ 22b DATE SIGNED, ATTENDING M.D. PHYS DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN S NAME (Type) 23d LOCATION (City or Town) BURIAL CREMATION DATE THEREOF (County) (Stote) REMOVAL (Specify) COLUARY BRISTOL 24. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. by the funeral Pages 1 and 2 law requires that the dmth certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY Prince George's Prince George's MARYLAND b. CITY OR TOWN (If outside carparate 1 mits, write RURAL and give nearest town) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 campletely filled in by the mave carbon papers. Page ny event, within 72 haurs a 7 days College Park d hame OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? Prince George's General Hospital 9510- 50th Ave YES 🗔 NO N 3 NAME OF First Middle Lost 4. DATE Month Day Year DECEASED Frank Harrison (Type or print) DEATH Feb. 1967 S. SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In years IF UNDER I YEAR IF JINDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthday) Manths Haurs Male White WIDOWED 1 DIVORCED 4/15/95 10a JSUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? U.S.A INDUSTRY Virginia . Painter Houses 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Harrison Ella Otis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknawn) (If yes give war or dates of service) 579 03 1574 Frank Harrison College Park, Md. yes INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. signed by IMMEDIATE CAUSE (a) attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been as the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES, NO ā 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year (County) factory, street, affice bldg., etc.) Hour a.m. Not While at wark at wark 21. I certify that ## (this haspital) attended the deceased from 700.2 , 1967, 10 Feb. 9 ____, 19<u>67</u>, that 姓 (we) last 196 7, and that death accurred at 9:45 km, fram causes and an the date stated above. saw the deceased alive on Feb 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** director, page 3 shauld be filed v MD. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) M D. az- Giorle, M.D. Prince George's General Hospita 23c NAME OF CEMETERY OF CHEMATORY 23d LOCATION (City or Town) Suitland Pro Geo 23a. BURIAL, CREMATION. 23b DATE THEREOF (County) REMOVAL (Specify) Feb 11, 1967 Washington Wational 24. FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Hyattsville, Md. F. Gasch's Sons DATE FEB



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02570 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) **Q COUNTY** land 2 with the State Department of Prince George's MARYLAND Mary and Prince George's b CTY OR TOWN (If outside corporate limits. c CIY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b write RURAL and give nearest town) Cheverly Mouht Rainier DOA d NAME OF HOSPITAL OR INSTITUT ON (finat in hospita, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? ong with form Prince George's General Hospital 4115 Rainier Avenue NO 📆 3 NAME OF 4 DATE DECEASED 1967 (Type or print) Fred Henry Haut DEATH IF LINDER 1 YEAR 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years 7 MARRIED lost birthdoy) Months DIVORCED 💢 WIDOWED within 72 hours after death male white BIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY REFRIG-COUNTRY? PENNA, MEDICAL EXAMINER: This certificate should be executed within 24 please execute the certificate, writing the word "pending" in penal in I director. Page 4 should be forwarded to the Chief Medical Examiner's e podes 13. FATHER'S NAME BELLE 17 INFORMANT OUNG 16 SOCIAL SECURITY NO SAME AS #2 (Yes, no, or unknown) (fives give wor or dates of service) .44-4839 MRS BELLE Y. HAUT. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) NTERVAL RETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH event IMMEDIATE CAUSE (6) Acute pulmonary edema DHE TO Conditions, if ony, which gove Heart Failure rise to immediate couse (a). DUE TO stoting the underlying couse Generalized myocardial hypertrophy 19 WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) remova, PERFORMED? YES X NO 20o EXTERNAL CAUSE WAS 20h DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port Lor Port Lof tem 18.) 3 should PRIMARY Or CONTRIBUTING Ö **CAUSE OF DEATH** 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (Stote) 20c TIME OF NURY Month, Doy, Year (County) factory, street, office bldg., etc.) Not While ot work at work 21. I certify that a took charge of the remains described above, held an Autapsy [x], Inspection X Inquiry X. and in my opinian FUNERAL DIRECTOR: be retained for Natural causes X . Accident . . Undetermined manner death resulted from: Suicide . Hamicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE 2-10-67 DEPUTY MEDICAL EXAMINER IX **EXAMINER'S** O FUNER Health Address (Street, city, town, or county) NAME (Type) John Kehoe M.D., Riverdale, Maryland 236 DATE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Specify) ADENS BURG-, MARYL 250 REC'D BY REGISTRAR SO. PIVERDALE, MD VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02571 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution a COUNTY
Prince George's o State Maryland If any delay is 1, 2, and 3 to rm PM3. Poge b. COUNTY Prince George's Sges land 2 with the State Deportment of MARYLAND b CITY OR TOWN (If autside carparate imits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 Suitland DOA Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in basoital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? n pencil in Item 18. Give Poges 1, 2 Exempler's Office along with farm 4636 Davis Avenue □ NO X Prince George's General Hospital YES This certificate should be executed within 24 haurs ofter death Last M-ddle 4 DATE Month Year (Type or print) OF DEATH 10 67 Hawkses Alan Bernard 9 AGE (In years 6. COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS 7 MARRIED NEVER MARR ED X last birthday) Months Nov. 28, 1947 naurs ofter deoth. white male WIDOWED 10a USUAL OCCUPATION (Give kind af work dane during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fare an country) 12 C TIZEN OF WHAT INDUSTRY COUNTRY? Electrican Construction Washington D. C. USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mary A. Fitzpatrick Edward P. Hawkes IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. event within 72 execute the certificate, writing the word "pending" in Page 4 should be farwarded to the Chief Medical (Yes na, ar unknown) (If yes give war ar dates at service) Mary Pack #43 Springler Way Balt. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY MMEDIATE (A.SE (a) Gunshot wound of brain (.22 cal.) **DUE TO** Conditions, if any, which gave rise la immediate cause (a), DUE TO stating the underlying cause 3 should be used PART II OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? cremation, or removal, YES X NO 20g EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) PRIMARY TO CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH accidental discharge of revolver 20d NJURY OCCURRED & 20e PLACE OF INJURY (Mame, form 20f (City or town) (Caunty) 20c TIME OF INJURY Mants, Day, Year 5 moy be retained for your ti TO FUNERAL DIRECTOR: Page 3 Health prior to bur al, cremati while work parking tot, 3000 kg, Swan Rd., Suitland, P.G., 8:00pm pm 2) I certify that I took charge of the remains described above, held on Autopsy X, Inspection X, Inquiry X, and in my opinion death resulted from Notwol/couses Suicide . Homicide Undetermined manner the funerol director. Accident X CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAM NER SIGNATURE 2-10-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Kehoe M.D., Riverdale, Maryland Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMA, ON, 23b. DATE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Spec 2/13/67 Cedar Hill Cemetery Prince Georges, Maryland 25h REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR Wilhelm Funeral HomeDDRESS 25a REC D BY REGISTRAR VR A15ME (5) 6M 1/67 4308 Suitland Road, Suitland, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02572 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission o COUNTY b COUNTY AT o. STATE Maryland and 2 with the State Department af Prince George's MARYLAND b (TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (ill outs de corporate imits, write RURAL and give nearbst town) DOA Silver Spring Cheverly d NAME OF HOSPITAL OR INSTITUTION (I not in hospito, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? Office along with farm YES NO IX 4409 Fernhill Road te certificate, writing the ward "pending" in pencil in Item 18. Give Pages should be farwarded to the Chief Medical Examiner's Office along with far Prince George General Hospital s certificate shauld be executed within 24 haurs after death 3 NAME OF Middle Lost DATE DECEASED OF DEATH (Type or print) Hawley James Oscar NEVER MARRIED FUNDER 1 YEAR | IF UNDER 24 HRS 7 MARRIED 9 AGE (In years 6 COLOR OR RACE B DATE OF BIRTH lost birthdoy) Months Dovs WIDOWED DIVORCED 3-24-1904 White Male IDo USUAL OCCUPATION (Give kind of work done IDE KIND OF BUSINESS OR 1 . BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U COUNTRY? North Carolina Buildings Floor contractor 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mary E Salmon William M Hawley IS WAS DECEASED EVER IN US ARMED FORCES?

(Yes, no, or unknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address Joe Hawley Cameron North Carolina no NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart faidure minutes Arteriosclerotic heart disease over 5 yrs. any Conditions, if any, which gove rise to immediate couse (a). ⊑ **DUE TO** stating the underlying couse 19 WAS AUTOPS' PERFORMED? remayal, PART I OTHER SIGN E CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIF CATION NO EX 2Do. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 3 shauld PRIMARY I or CONTRIBUTING I crematian, ar CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year 2De PLACE OF INJURY (Home form (City or town) (County) (Stote) foctory, street, office bldg, etc.) Not While of work ot work 21 | certify that I took charge of the remains described above held an Autopsy | , inspection | , inspection | , | Inqu'ry 🔀. and in my opinion Natural couses X Suicide . Hamicide Undetermined manner Accident [death resulted fram the funeral directar may be retained FUNERAL DIREC CHIEF MEDICAL EXAM.NER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health priar pe DEPUTY MEDICAL EXAMINER TX 2-14-67 Riverdale, Md. NAME Type John Kehoe. M.D. Address (Street city, town, or county) 23c NAME OF CEMETERY OR OCHEMINES 230 BURIA, REMATION 23b DATE THEREOF 23d LOCATION (City of Town-(County) 0 Feb 15, 1967 Hillmon Grove Church Harnett County N. Carolina ADDRESS 250 RECD BY REG STRAR 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) F. Gasch's Sons Hyattsville, Md. 6M 1/67 Marlas Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02573 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b COUNTY o STATE b COUNTY P.M.3. Page 2 le pages 1 and 2 with the State Department of Prince George !s
b CITY OR TOWN (If autside carparate limits,
write RURAL and give nearest tawn) MARYLAND Maryland Prince George's

c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 15 Hillside Hillside d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS e. S RESIDENCE ON A FARM? e certificate, writing the ward "pending" in penci in Item 18 Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office along with farm 1206_56th._Avenue 1206 56th. Avenue YES NO S NAME OF First Middle . ast 4 DATE Manth Year DECEASED OF (Type or print) Robert Heffran DEATH Lee 6 (OLOR OR RACE FUNDER 1 YEAR 7 MARRIED NEVER MARRIED B DATE OF BIRTH AGE (n years last birthday) Days Hours w thin 72 hours after death. WIDOWED DIVORCED White Male Sept. 1897 69 100 USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Virginia USA Retired Fireman Gas Company 13 FATHER'S NAME EXAMITIER: This cert ficate shamld be executed within 14 MOTHER'S MAIDEN NAME Mary K. Beach Andrew Jackson Heffron 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes na, or unknown) (If yes give war or dates of service) Agnes L. Heffron, Same As # NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per ne far (a), (b), and (c).) PART I DEATH WAS CAUSED BY ONSET AND DEATH in any event IMMEDIATE CAUSE (a) Asphyciation minutes Hanging Canditions, if ony, which gave nse ta immediate cause (a), DUE TO stoting the underlying cause OS be used remayal 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GOVERN IN PART 1(a) ON the certificate, NO DE 20g EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) 3 shauld CAUSE OF DEATH Hanged self in bathroom of home cremation, MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame form. 20c T MF OF INJURY Month, Day Year (City or fown) (County) (State) Haur a.m While Nat While factory, street, affice bldg., etc.) While at work DIRECTOR: Page af wark 1:35pm pm 2-28-Bathroom of home same as #2 21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection X, Inquiry X, and in my apinian Natural causes the funeral directar. death resulted fram Acident Suxide X. Hamicide | Undetermined manner may be retained FUNERAL DIRECT CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 5 may be ret TO FUNERAL D Health priar 1 ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city town or county) 3-1-67 23c NAME OF CEMETERY OR CREMATORY 230 B R A. GR MA 23b DATE THEREOF 23d LOCATION (City or Town) (County) March 4, 1967 Cedar Hill Cemetery Prince Georges, Maryland 24 FUNERAL DIRECTOR Robert E. Wilhelm 2Sq REC D BY REGISTRAR 25b REG STRAR S SIGNATURE VR A15ME (5) Funeral Home 4308 Suitland Rd. Suitland, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The fow requires that the death certificate be executed within 24 hours after death death and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) / b. COUNTY PRINCE GEORGES MARYLAND papers. Pages thin 72 hours afte b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 (CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) DISTRICT HEIGHTS FORESTVILLE .⊑ d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) filled an REGENT NURSING HOME 7816 DIST. HGTS. PARKWAY NAME OF Middle 4 DATE remayertarbon First. Lost Morth completely DECEASED (Type or print) DEATH S. SEX AGE (In years 6 COLOR OR RACE DATE OF BIRTH NEVER MARRIED lost birthdov) Months 20 WIDOWED DIVORCED and and in

e IS RESIDENCE ON A FARM? YES NO X Doy Year 19 6 IF UNDER 1 YEAR IF UNDER 24 HR Dovs Hours 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & Stote or foreign country) during most of working life, even if retired) INDUSTRY WEST VIRGINIA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ETHEL MC LAUGHLIN ACIE GEARHEART IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) [(If yes give wor or dotes of service) SAME AS # DOUGLAS HENDERSON IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: QUISET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) NO 🗰 20o ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Doy Year Hour o.m. Not While foctory, street, office bldg, etc.) 19 ot work ot work 21 | certify that (1) (this hospital) attended the deceased from 19/6-7, that (1) (we) las 1967, and that death accurred at 2 saw the deceased alive an M. fram causes and an the date stated above 22o SIGNATURE 22b. DATE SIGNED M D DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) BLUEWELL. WEST VIRGINIA WOODLAWN CEMETERY 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ROAD, SUITLAND, MARYLAND DATE

Poge 4 may be retained by the hospital or attending director, po should be f 9 VR A15 (4) 25M 1/67

physician c

signed by the burial-transit

as the hos been prior to

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FUNERAL DIRECTOR: After this

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02575 CERTIFICATE OF DEATH certificate be executed within 24 hours after deoth physician and completely filled in by the funeral nen please remove corbon popers. Pages I and avol. and in any event, within 72 hours after deap 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY. Prince Georges Prince Georges MARYLAND Maryland b CITY OR TOWN (If outside carparate .im.ts write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Brentwood Riverdale day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Eugene Leland Memorial Hospital 4503 34th Street YES -NO X 3 NAME OF First M ddle Lost 4 DATE Day Year DECEASED (Type or print) Louise Hennigan Marv February 1967 DEATH IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9, AGE (In years IF UNDER 24 HRS. NEVER MARRIED last birthday) Manths Days Haurs white WIDOWED female DIVORCED 8-29-28 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & Stote, or foreign country) 106 KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Housewife Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, George Maholchic Claire Wasley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Dermit. **IO FUNERAL DIRECTOR:** After this certificate has been signed by the original director, page 3 shauld be detached for use as the burial-transit permits should be filed with the State Dept. of Health priar to burial, crematian, ar r (Yes, na, or unknown) (If yes give wor or dotes af service Hospital Records TB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART | DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH CEREBRUVASCULAR ACCIDENT IMMEDIATE CAUSE (o) Page 4 moy be retained by the hospital or attending physician. 29 HOURS ANEURYSM RUPTURED Canditions if any, which gave (b) use to immediate couse (a), DUE TO stating the underlying couse lost. 19. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (State) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) Haur o.m. foctory, street, affice bldg., etc.) Nat While of work at wark 1967 , that (I) (we) last 21. I certify that (I) (this haspital) oftended the deceased from 2 - 7 , 1967, to 2-9 and that death occurred at 3 12 AM, fram causes and on the date stated above. 1967 saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR M.D. PHYS 22d, ADDRESS 22c. PHYSICIAN'S HOUMANN IVERDALO NAME (Type) 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY BUR AL CREMATION. 23b DATE THEREOF (County) (State) 2/13/67 Mt.Olivet Cemetery Wash. D.C. 24 FUNERAL DIRECTOR Nalley's Funeral ADDRESS Mt. Rainley 250 REC'D BY REGISTRAR
Home Inc. Maryland Nay FFR 15 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Home Inc.



MARYLAND STATE DEPARTMENT OF HEALTH IVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death, hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) Prince Geo. b. COUNTY Marvland Pr. Geo. MARYLANO b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Pag on papers. Pag within 72 hours write RURAL and give nearest town) Cheverly ,⊑ mo.-16 dave Brentwood filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d. STREET ADDRESS IS RESIDENCE ON A FARM? Prince Geo. Gen. Hosp. 4315 40th Place NO X YES completely NAME OF Middle DATE Month Year DECEASED 1967 event, Mabel \mathbb{E}_{+} Herbert Feb. (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED K 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. DATE OF BIRTH NEVER MARRIED any and White Female WIDOWED DIVORCED T 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DIOSS BUYOL INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Henry S. Miller Frances Owings 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Mr. Joseph W. Herbert (above address (Husband) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate as the l **DUE TO** cause (a), stating the underlying cause last. this certificate has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO DE 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) of ||EDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Not While at work at work retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (1) (this hospital) attended the deceased from 31 1967, and that death occurred at AM, from the causes and on the date stated above. saw the deceased alive on SIGNATURE 22b DATE SIGNED ATTENDING PHYS. MED. DIRECTOR may PHYSICIAN'S NAME (Type) 22d. ADDRESS Page 4 BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 2/4/67 23a. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Colmar Manor, Md. Fort Lincoln Cem. Mary land REC'D BY REGISTRAR | 25b. 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE -Rainier, 25a. Nal1 19 VR A15 (4) Home Funeral DATE 15M 4-64



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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Thems

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02579 FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH a COUNTY Prince George b. COUNTY Fairfax Virginia Md. ō after death MARYLAND Deportment b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Cheverive negrest town) D. O. A. /Vienna Kentland d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS7524 Forest e. IS RESIDENC 72 hours ON A FARM? 609/Park Street Prince George General Hospital YES NO P olong with f 3 NAME OF Frst Middle 4 DATE さ Month Year 67 DECEASED EARL W. HUNT Feb. within J Ě (Type or print) 19 DEATH with i S SEX 6 COLOR OR RACE F UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (n years FUNDER 1 YEAR 405 birthday) Manths Item 18. Male White April 16, 1919 Haurs WIDOWED D VORCED 24 haurs 9 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT during most of working life even if retired) Restaurant UOUSRYA. Maryland _ Examiner pencl 13 FATHER'S NAME AL EXAMINER: This certificate should be executed within 14. MOTHER'S MAIDEN NAME 8 Lucy Shaw George B. Hunt and IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 609 Park St.SE 16. SOCIAL SECURITY NO Address rd "pending in Chief Medical E permit removol. (Yes, na, ecupknown) (If yes garrywn por dates af service) Albert B. Hunt Same/as 579 12 5944 (brother) NTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) buriol-transit PART I, DEATH WAS CAUSED BY ō IMMEDIATE CAUSE (a) used as a bunal-transbur of temation, a e, writing the word forwarded to the Ch 4,000 DUE TO SHD Conditions, if any, which gave rise ta immediate cause (a). DHE TO stoting the underlying couse lost PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? preose execute the certificate, NO agent, prior to 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter pature of injury in Part I or Part II of item 18.) 3 should PRIMARY Tor CONTRIBUTING CAUSE OF DEATH MED CAL (20d INJURY OCCURRED 20¢ I.ME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) Haur a.m. While Not While factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page 21 | certify that I taak charge of the remains described above, held an Autopsy | Inspection 7 Inquiry . and in my opinian Natural Causes Accident death resulted fram Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2/7/67 TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** ohn Kehoe M. D. NAME (Type) Address (Street, city, tawn, or county) 23a. BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR NEW APORY 23d LOCATION (City or Town) (County) (State) 90 Virginia Arlington Feb 10, 1967 arlington Mational 25b. REGISTRAP'S SIGNATURE Quedge 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Gasch s Sons Hyattsville, Md. **VR A15ME (5)** 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02580 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before od : ssion) Prince George's o STATE o. COUNTY 5 Prince George's Maryland MARYLAND D CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) C LENGTH OF STAY IN 10 c CITY OR TOWN (I outside corporate imits, write RURA, and a ve nearest town) Cheverly 1 hou d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) "I hour Capitol Heights d STREET ADDRESS e IS RES DENCE YES NO x Prince George's H ospital 301 50th Avenue 3 NAME OF Middle 4 DATE Month Dov DECEASED 0F Samuel Hunt February 19 67 Raymond (Type or print) DEATH S SEX 9 AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARR ED NEVER MARR ED 8 DATE OF BIRTH E UNDER 24 HRS last birthday) Hours Aug. 21, 1929 WIDOWED D VORCED after deoth white male 11 BIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) Food Store FOUNTRY & Maryland 14. MOTHER'S MAIDEN NAME 13. EATHER'S NAME This cert ficate should be executed within 72 hours Annie M Williamson Raymond S Hunt Sr 15 WAS DECEASED EYER IN US ARMED FORCES? (Yes, no, or unknown) If yes give wor or dotes of service) 578 36 5274 17 INFORMANT Address forwarded to the Chief Medical Capit@l Heights, Alleen M Hunt Md. any event within 18 CAUSE OF DEATH (Enter on γ one couse per line for (o) (b) ond (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burnal-transit ONSET AND DEATH Bilateral hemothofax IMMEDIATE CAUSE (6) writing the word DUKOR Laceration of brain 1 hour Conditions if any, which gove " rise to immediate couse (a), DUF TO stoting the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? or removol, NO X 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part It of Item 18.) Driver of car involved in collision. CAUSE OF DEATH cremation, MEDICAL 20c TiME OF INJURY Month Doy Year 20e PLACE OF NURY (Home form 20f (City or fown) ((ounty) Whe Not Whe of work of work Hour om 75th Ave. and Forest Rd. Hyattsville P.G. Md 5:00pm 2-17-67 19 21 I certify that I took charge of the remains described above held an Autapsy Inquiry 🔀 , Inspection 😿 , and in my apinion death resulted from. Natural souses . Accurate . Su cide . Hamicide Undetermined monner CHEE MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER may be re FUNERAL I SIGNATURE funerol 2-18-67 DEPUTY MEDICAL EXAMINER T **EXAMINER'S** 5 may 1 0 FUNE! Health John Kehoe, M.D. Riverdale (wMd county) NAME (Type) 23d OFAT ON (City or Town) (County) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMAN REMOVAL (Spec Cedar Hill Cemetery Suitland Pro Geo Md. Buria Gasch's Sons Hyattsville, Md. 250 RECD BY REGISTRAR 25b REG STRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) 6M 1 '67 1967



	ı	Division of STATIST		MARYLAND STATE DI ARCH AND RECORDS, 30			TIMORE, MARYL	AND 21:	201		
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S	Male Male	6 COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8 DATE OF BIRTH 9/17/84		9. AGE (In years last birthday) 82 Yrs	Months	Doys Doys	Hours	24 HRS Min
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	saw the de	fy that (1) (this has eceased office on)	pitol) oftend Feb./11	led the deceased from_s 19 <u>6.7</u> , and the	Jan 29, , , , ot death occurred of	9 <u>67</u> , 8:30	to <u>Feb. 11</u> , M, from couses	ond on t	he dot	e stoted	ve) lo: obovi
	220. SIGNATURE	m/21	41	Book M	111111	MED DIRECTOR		1 2	ATE SIGN	161	7
	22c. PHYSICIAN'S NAME (Type)	Wm. A. Ho:	lbrook,	M.D.	43000 CS011	ege i	Ave., Coll	lege I	Park	, Md.	,

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Hyattsville, Md.

Mt Olivet Cemetery

*LOCATION (City or Town) (County)
*ashington D. C.

2Sb REGISTRAR'S SIGNATURE

(State)

23d. LOCATION (City or Town)

250. REC'D BY REGISTRAR DATE FEB 1 C

VR A15 (4) 20 M 1/66

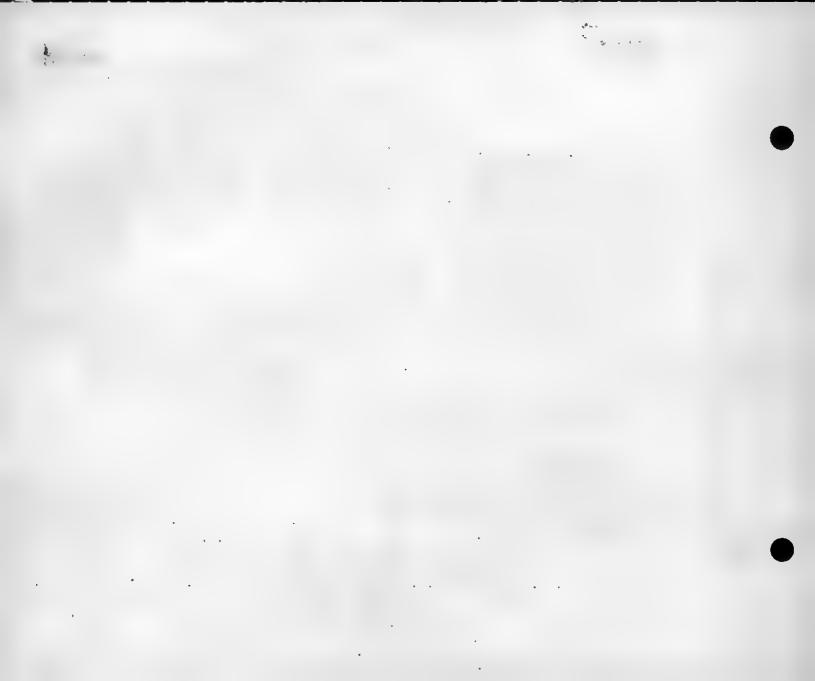
230. BURIAL, CREMATION, REMOVAL (Specify)

24. FUNERAL DIRECTOR

23b. DATE THEREOF

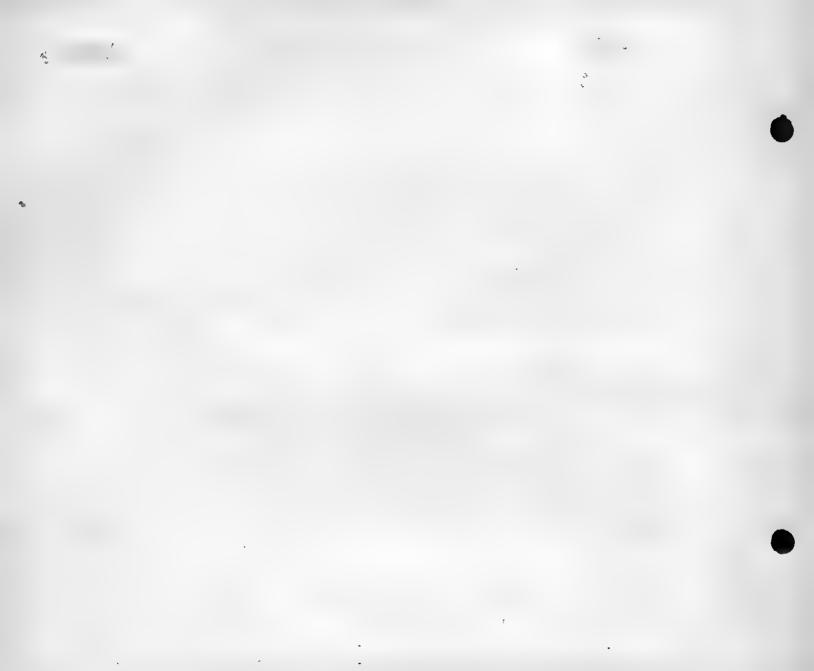
F. Gasch's Sons

Feb 14, 1967





a. 1	1			PARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, M.	ARYLAND 21201
The Cons		02583 Item 2c	CERTIFICATE		กรรรร
in death		PLACE OF DEATH a. COUNTY Pro Georges County	MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if it on STATE Haryland	institution: Residence before admission) o. (OUNTY Pro Georges
within 24 haurs after a filled in by the factor of papers. Pages within 72 haurs after a factor of the factor of t		b. CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest town) Neverly	E. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, wr	te RURAL ond give necrest town) University Heights
n 24 hc Illed in papers.		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g I ro Geo General Hospit		d STREET ADDRESS 4207 College Height	B IS RES DENCE
d withi		NAME OF First DECEASED (Type or print) Altha Jane	Middle Jardine	Last 4. DAYE OF DEATH	Manth Day Year Feb 12, 19 67
executed will completely may event.		female white WIDOWED	NEVER MARRIED 8		lay) Manths Days Hours Min.
icate be existicate be expression and please rendings.	10a dur	ing most of working life, even if retired) INC	ID OF BUSINESS OR OUSTRY IN home	11 BIRTHPLACE (County & State or foreign country West Virginia	12 CITIZEN OF WHAT U S A
e death certificate b attending physician permit. Then please an, ar remaval, and i		FATHER'S NAME Samuel C Mollohan		14. MOTHER'S MAIDEN NAME Virginia Mc Cray	
ie death attendin permit. ian, ar rei	15 (Ye	or man an understand \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		on Eugene Jardine Co	Address ollege Meights, Mud.
the the sit purity mati		1B. CAUSE OF DEATH (Enter only one cause per line of PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO	a), (b), and (c).)	Politins	INTERVAL BETWEEN ONSET AND DEATH
O HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-trans, shauld be filed with the State Dept. af Health priar ta burial, crease.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse (c)		<u></u>	
D HOSPITAL OR ATTENDING PHYSICIAN: The faw re Page 4 may be retained by the haspital ar attending D FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19 WAS AUTOPSY PERFORMED? YES NO PA
PHYSICIAN: he haspital ar this certificate letached far us Dept. af Healt	L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter noture of injury in Part I or Part II of item I	18.)
NG PHY / the hat er this a detact ate Dep	MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d. IN While at work	Nat While facto	E OF INJURY (Home, form, ary, street, office bldg., etc.)	
TENDING ined by the OR: After auld be a		21 I certify that (I) (this haspital) attend saw the deceased alive an	ed the deceased from 19 <u>_C_Z</u> , and that	death accurred atM, fram co	
TO HOSPITAL OR ATTENPES 4 may be retained to FUNERAL DIRECTOR: director, page 3 shauld be filed with the		220 SIGNATURE mall O Elym	M.D	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
SPITAL 4 may NERAL far, pa	02	NAME (Type) DONALD CIED	GREN 23c, NAME OF CEMETERY OR G	Hyallante,	Me.
TO HC Page To Ful direct		BURIAL CREMATION, 235 DATE THEREOF 1'eb 15, 1967	Ft Lincoln Co	emetery Colmar Ma	or Town) (County) (Store) nor Pro Geo Aid
VR A15 (4) 20 M 1/68	24	F. Gasch's Sons Hyat	tsville, Md.	250 FEED RY REGISTRAN 19672	Sb. REGISTBARIS, SIBHATURE 1109



W 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
(15.7	02584 CERTIFICATE OF DEATH	2578
24 hours after death. ed in by the funeral ppers. Pages 1 and 2 172 hours after death.	1. PLACE OF DEATH o. COUNTY Prince George;s b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence below. o. STATE b. COUNTY Maryland Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence below. o. STATE b. COUNTY Maryland Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Crownsville	V
d within 24 hour etely filled in brandon papers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince George's General Hospital 3 NAME OF First Middle Lost 4. DATE Month DECEASED	e. IS RESIDENCE ON A FARM? YES NO A
ertificate be executed within 24 hours after death physician and campletely filled in by the funeral nen please remave carbon papers. Pages 1 and iaval card many event, within 72 hours after death	S SEX	R IF UNDER 24 HRS. S Hours Min. Du & 45
equires that the death certific physician. signed by the attending phys burial-transit permit. Then burial, crematian, ar remaval	Arthur Joseph Jarrell S WAS DECEASED EVER IN L S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) No No Elaine K. Dolby Address Address Arthur J. Jarrell Same as 2 0, D	• NTERVAL BETWEEN
PHYSICIAN: The law requires that the death certificate be executed within e hospital ar attending physician. The busided by the attending physician and campletely fille tracked far use as the burial-transit permit. Then places, remaye carbon papers, of Health priar ta burial, crematian, ar remayal, and unany event, within	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b), storing the underlying cause (c) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IC)	9. WAS AUTOPSY PERFORMED?
·	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY Methical Examiner) 20c. TIME OF INJURY Month, Doy, Year Haur o.m. p.m. 19 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While Not While of work of foctory, street, office bldg., etc.)	YES NO (Stote)
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. af Healt	21. I certify that (I) (this haspital) attended the deceased fram Feb. 27., 19 67, ta Feb. 28., 1967, saw the deceased alive an Feb. 28., 1967, and that death accurred at 1.25 PM, fram causes and an the deceased alive an Feb. 28., 1967, and that death accurred at 1.25 PM, fram causes and an the deceased alive an Feb. 28., 1967, and that death accurred at 1.25 PM, fram causes and an the deceased fram Feb. 27., 19 67, ta Feb. 28., 1967, and that death accurred at 1.25 PM, fram causes and an the deceased fram Feb. 27., 19 67, ta Feb. 28., 1967, and that death accurred at 1.25 PM, fram causes and an the deceased fram Feb. 27., 19 67, ta Feb. 28., 1967, and that death accurred at 1.25 PM, fram causes and an the deceased fram Feb. 27., 19 67, ta Feb. 28., 1967, and that death accurred at 1.25 PM, fram causes and an the deceased fram Feb. 28., 1967, and that death accurred at 1.25 PM, fram causes and an the deceased fram Feb. 28., 1967, and that death accurred at 1.25 PM, fram causes and an the deceased fram Feb. 28., 1967, and that death accurred at 1.25 PM, fram causes and an the deceased fram Feb. 28., 1967, and that death accurred at 1.25 PM, fram causes and an the deceased fram Feb. 28., 1967, and that death accurred at 1.25 PM, fram causes and an the deceased fram Feb. 27., 1967, and that death accurred at 1.25 PM, fram causes and an the deceased fram Feb. 27., 1967, and that death accurred at 1.25 PM, fram causes and an the deceased fram Feb. 27., 1967, and that death accurred at 1.25 PM, fram causes and an the deceased fram Feb. 27., 1967, and that death accurred at 1.25 PM, fram causes and an the deceased fram Feb. 27., 1967, and 1967,	ate stated above.
TO HOSPITAL Page 4 may NO 25 TO FUNERAL I W W W W W W W W W W W W W W W W W W W	230 BURIAL CREMATION, Burial (Specify) Mar. 2,1967 Our Lady of the Fields Millersyille A. A. 24. FUNETAL SHREGTOR & Burial Charles F. ADMIN Jr. Hopping Funeral Home Annapolis, Md. Dall A. B. Dall A. B. Dall Charles F. ADMIN Jr. Dall Charles F. Dal	Md Md



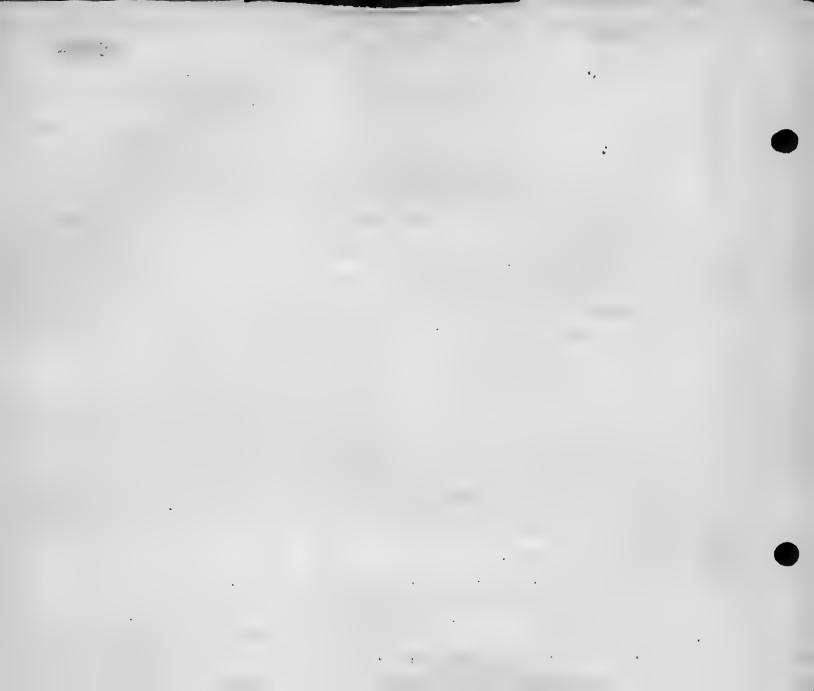
, 1	DIVISION OF VI	MARYLAND STATE DEPA TAL RECORDS, 301 W. PRESTO	ARTMENT OF HEALTH N STREET, BALTIMORE, MARYLAND 2	1201
FOR STATE	,		CERTIFICATE OF DEATH	02579
HEALTH DEPT.	PLACE OF DEATH o. COUNTY Prince George's b (ITY OR TOWN fourside corporate limits,	MARYLAND (LENGTH OF STAY JN , b	USUAL RESIDENCE (Where deceased lived, if o, STATE Maryland C TY OR TOWN (if outside corporate imits with the component of the corporate imits with the corporate	Prince George's
2, ond PM3.	write RURAL and give nearest town) Cheverly d NAME OF HOSPITAL OR INSTITUTION (if not in ha	DOA	Hyattsville	e IS RESIDENCE ON A FARM?
death If e Pages 1, with form	Prince George General Ho 3 NAME OF First DECEASED (Type or print) Evans	Middfe	5311 Crittenden St. lost of OF Javaras DEATH	YES
d within 24 hours ofter death If city delay in pencil in Item 18. Give Pages 1, 2, and 3 Examiner's Office along with form PM3. Pages I and 2 with the State Department? The pages I and 2 with the State Department?	S. SEX 6 COLOR OR RACE 7 MA	ARRIED NEVER MARRIED 🔲 8	B DATE OF BIRTH 25 March 1897 11 BIRTHPLACE (State or fore gn country) Greece	eors FUNDER LYEAR JE UNDER 24 HRS
ld be executed within 24 hours rd "pending" in pendi in Item 1 (hief Medical Examiner's Office transit permit. File pages land?' event within 72 hours ofter death	13 FATHERS NAME Unknown		14 MOTHER'S MAIDEN NAME UNKNOWN	
executed within anding" in pencil Medical Examine to permit. File pogranthin 72 hours of	1S WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dotes of service)	579 01 6148 Th	nformani nelma M Javaras - Hya	Address ttsville, Md.
icote shoung the waded to the	Conditions, if ony, which gave nse to immediate couse (a). stating the underlying couse lost	Adeno carcinoma of	pancreas	ONSET AND DEATH
: This certifulicate, writing the forward of the used or removal,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB		THE TERM NAL DISEASE CONDITION GIVEN IN PART (Enter nature of injury in Port 1 or Part II of Item	AEZ WO X
EXAMINER: T ute the certification of the should by your files. Poge 3 should cremation, or it	PRIMARY Or CONTRIBUTING OCAUSE OF DEATH. 20c TIME OF INJURY Month, Doy, Year Hour o.m.	20d INJURY OCCURRED 20e PLAN	CE OF MURY (Home form 20+ (City or to ory street office bldg etc.)	
MEDICAL EXAMINER: blease execute the certi- d rectar Page 4 should the stand for your files. DIRECTOR: Page 3 shou- to bur ol, cremation, o	21. I certify that I took angree of to death resulted from Wateral cau	the remains described above, he	The second secon	Inquiry 🕱, and in my opinion and monner
	ACTUAL SIGNATURE EXAMINER'S	M/	M D ASSISTANT MED CAL EXAM NER DEPUTY MEDICAL EXAM NER	22. DATE SIGNED 2-21-67
TO DEPUTY necessary, I the funeral 5 moy be r TO FUNERAL Hea'th pr o	NAME (Type) John Kehoe, M.D. 230 B. RIA!, (REMATION 230 DATE THEREOF Feb 23, 1	23c NAME OF SEMETERY OR	CREMATORY 23d .OCATION (Cometery Colmar Ma	y or Town) (County) (Stote) anor, Pro Geo Md.
VR A15ME (5)	24 FUNERAL DREGUE Gasch's Sons	Hyattsville, Mo	250 RECD BY REGISTRAR DAFEB 24 1967	James Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02586 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COUNTY Maryland Ann Arundel and 2 with the Stote Deportment of Prince George's MARYLAND b CTY OR TOWN (if autside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest town) C LENGTH OF STAY N 16 DOA Odenton Cheverly d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) d. STREET ADDRESS form ON A FARM? RFD.1. Box 394B Prince George General Hospital Item 18 Give Poges YES NO be executed within 24 hours after death fice along with 3 NAME OF Middle First 4. DATE Lost DECEASED (Type or point) Daniel Fred Johnson DEATH IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED THE B DATE OF BRITH 9. AGE (In years IF UNDER TYEAR NEVER MARRIED lost_birthday) Manths Days WIDOWED DIVORCED April 1914 Negro 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Virginia Maintenance USA 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME репсі Bessie Macklin 15 WAS DECEASED EVER IN U.S. ARMED FOR CES? (Yes, no, or unknown) ((If yes give war or dotes of service) 16. SOCIAL SECURITY NO 17 INFORMANT pending Mrs. Eva Johnson-Route 1 Box 394-B INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) bursol-tronsit PART 1 DEATH WAS CAUSED BY ONSET AND DEATH any event IMMEDIATE CAUSE (a) Lobar pneumonia This certificate should writing the word DUE TO Conditions, if any, which gove rise to immediate couse (a), 0 as o be DUE TO stating the underlying cause farworded removol. PART I, OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? CERTIFICATION YES DO NO F 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) 3 should PRIMARY [] or CONTRIBUTING [cremation, or CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Home, farm 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) Hour a.m. factory, street, office bldg, etc.) at wark 21 I certify that I taok charge of the remains described above, held on Autapsy [X], Inspection X. Inquiry X and in my apinian Addent . Natural causes [X] Undetermined manner death resulted fram: Suicide . Hamicide the funeral director CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER FUNERAL DEPUTY MEDICAL EXAMINER d Riverdale, Md. John Kehoe. Address (Street, city, town, or county) DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 50 Harmony Memorial Ceme. Maryland ADDRESS 250. RECD BY REGISTRAR 2Sb REGISTRAR S S GNATURE VR A15ME (5) Funeral Home-4001 Benning Rd. . . KEB



	CERTIFICATE OF DEATH
1	PLACE OF DEATH COUNTY STATE COUNTY
_	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town)
	write RURAL and give neerest town) RIVERDALE 29 YEARS RIVERDALE
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d STREET ADDRESS , a. IS RESIDI
	5422 QUESADA SI VES NO
3.	NAME OF FIRST Middle Last 4. DATE Month Dey Yeer OF OF DEATH FEB 5 19 6
5.	(Type or print) GEORGE WILBUR JONES DEATH FEB 5 19 G SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in yeers IF UNDER 1 YEAR IF UNDER 24
	WIDOWED DIVORCED 7 AUG (906 60 yrs. Months Deys Hours M
10 d	29. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COU
13	BRICKLAYER U.S.A.
	GEORGE DAVID JONES CATHERINE LOUISE CUNNINGHAM
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
1 1	NO 217-09-2508 MRP, HAZGE JONES ABOVE
	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] PART I. DEATH WAS CAUSED BY: CARCLNOMA TOSUS 2. AGO 3. AGO 3. AGO 3. AGO 4. AG
	IMMEDIATE CAUSE (e)
	Conditions, if any, which } BRONCHOGENIC CARCINGMA 1 YEAR
	geve rise to immediate couse (e), stating the underlying DUE TO
	ceuse lest. (c)
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO- PERFORM!
TFICA	YES NO 20e ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of Item 18.)
1	
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (Start Plane) (County) (Start Plane) (Start Plane
MED	Profession of the state of the
	21. I certify that (I) (this hospital) attended the deceased from 12 1/2 1966 to 5 F.E.B., 1967, that (I) (we
	saw the deceased alive on 3 FCB 19.47, and that death occurred at 5°4PM, from the causes and on the date stated ab 22s. SIGNATURE 6
	M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR DIPHYS. D 5 FEB (90)
	22c. PHYSICIAN'S RIVERDALE MD
23	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele)
_	Emoval (Sepecify) Feb 8, 1967 Ft Lincoln Cemetery Colmar "anor Pro Geo Md.
24	F. Gasch's Sons Hyattsville, Md. 250. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE DATE FEB 8 1967 Action for Super
	- dusen s ons mystisville, Fig. Date LD 0 11001



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02588 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) n COUNTY a STATE b. COUNTY Prince George's MARYLAND Maryland Prince George's b CITY OR TOWN (flauts de carparate m.ts, write RURAL and give nearest town) c CITY OR TOWN (If guts de carparate im ts, write RURA, and give nearest town) CLENGTH OF STAY IN 16 Riverdale DOA Beltsville
d STREET ADDRESS d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? "pending" in pencil in Item 18 Give Pages 1, et Medical Examiner's Office along with farm YES NO X Leland Memorial Hospital 4516 Yates Road This certificate should be executed within 24 hours ofter death 3 NAME OF M dd e 4 DATE Day Year DECEASED 26 (Type ar print) 67 Thomas DEATH Jones S SEX AGE (In years IF UNDER LYFAR FUNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH lost birthday) Manths Days Hours any event within 72 haurs offer death. WIDOWED DIVORCED 9-20-1926 White 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or foreign country) 2 CIT ZEN OF WHAT during most of working life, even if retired) D C Government COUNTRYS Maryland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Robert Thomas Jones Rosalie America IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 15. WAS DECEASED EVEK NO.5 ARMED FORCES:
(Yes, ng. or unknown) (If yes give war or dates of service) 215 20 3076 Florence Z Jones Beltsville, Md. 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I DEATH WAS CAUSED BY. NTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Heart failure writing the ward Cor pulmonale over 2 yrs farwarded to the Canditions, if any, which gave (b) Pulmonary fibrosis over 2 vrs. rise to immediate cause (a). DUE TO stoting the underlying couse be used 19 WAS AUTOPSY PERFORMED? remayal, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1101 FICATION please execute the certificate, NO E YES [20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of inury in Part I or Part II of item 1B.) 3 shauld should PRIMARY OF CONTRIBUTING Ь CAUSE OF DEATH 20d NULRY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or fown) 20c TIME OF .N. URY Month, Day, Year (County) factory, street, affice bldg, etc.) Nat While at work 21. I certify that I took charge of the remains described above, neld an Autopsy , Inspection x, Inquiry oc. and in my opinion DIRECTOR: death resulted from Natural galses X. Accident Su cide . Ham cide Indetermined manner CHIEF MEDICAL EXAMINER priar to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER (X EXAMINER'S John Kelloe, M.D. Riverdale, Md. 2-27-67 Address (Street, city, town or county) 23c NAME OF Y METERY OR CONCOCK St. John's Church 230 BURIA CREMATION Belts ville 50 Butte (Specify) 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 25g, REC'D BY REGISTRAR VR A15ME (5) Francis Gasch's Sons Hyattsville, Md. 6M 1/67

1 1 1 m

02589 PLACE OF DEATH

o. COUNTY

2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY Maryland Prince George

Bowie

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

IS RESIDENCE ON A FARM? YES

NO DX

Feb.

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN DF WHAT Ufountry?A.

Mildred K. Jones Same as #2 (wife)

ONSET AND DEATH

NO IX

INTERVAL BETWEEN

WAS AUTOPSY PERFORMED?

(State)

(State)

(County)

22b DATE SIGNED 2/16/67

> 23d LDCATION (City or Town) (County)

Virginia

256 REGISTRAR'S SIGNATURE

٠ . . . , , J. I

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence burge) diffusion) and 1. PLACE DE DEATH a. COUNTY b. COUNTY a. STATE after MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give neares) town c. LENGTH OF STAY IN 1b c. CITY DR ZOWN (If outside corporate limits, write RURAL and give nearest town) townile oon papers. Pag within 72 hours hours .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ugrzen ND -YES completely Don NAME DE DATE 4. Month Day DECEASED event, (Type or print) DEATH and con remove 6. COLOR OR RACE OATE OF BIRT 7. MARRIED 17 NEVER MARRIED 8. AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS last birthday) | Months any Days Hours WIDOWED . DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR Prician BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) and COUNTRY? certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME Address ed by the attendig transit permit. I 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT death (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause ger line for fa INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-ti burial, Conditions, If any, which peen gave rise to immediate the or ro DUE TO cause (a), stating the prior underlying cause last has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESTHERS NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY for use CAT PERFORMED 3 certificate ND . YES 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) After this certif I be detached for State Dept. of H 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE DF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. After Id be d Not While While p.m. 19 at work at work OR ATTENOIN be retained t DIRECTOR: /
age 3 should
led with the 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE DAME SIGNED 22b. director, page should be filed ATTENDING MED. DIRECTOR M.O. FUNERAL 22c. PHYSICIAN'S 22d. NAME (Type) BURJAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY 23a. LOCATION (City, town or county) (State) 234. REMOVAL (Speelfy) FUNERALIORECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATUR Harles VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death death signed by the attending physicion ond completely filled in by the funeral burial-transit permit. Then pleose remave carbon papers. Poges 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) g. COUNTY b. COUNTY ve carbon papers. Poges 1 event, within 72 hours after WACO MARYLAND b CITY OR TOWN (If outside corporate limits, C SENGTH OF STAY IN TH TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) d STREET ADDRESS a IS RESIDENCE NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? MAKDALE NO NAME OF Middie 4. DATE Last Year Doy DECEASED (Type or pnnt) DEATH 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED birthday) Months Days Haurs DIVORCED 10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retured) INDUSTRY COUNTRY? PRINI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ART or remox 16. SOCIAL SECURITY NO 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, of upknown) (If yes give war ar dates of service) 115 0 buriol, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) physician DUE TO Canditions, if any, which gave nse ta immediate cause (a) DUE TO for use as the b stating the underlying cause Page 4 may be retained by the hospital or attending has been last. 19. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) of Heolth NO TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year (County) Hour a.m. factory, street, office bldg., etc.) While Not While at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram director, page 3 should should be filed with the 730 M. fram causes and an the date stated above. saw the deceased alive anand that death accurred at 22a SIGNATURE 22b. DAJE SIGNED **ATTENDING** M.D. DIRECTOR PHYS PHYS. 22d 22c. PHYSICIAN'S ADDRESS NAME (Type) BURIAL, CREMATION DATE THEREO! OF CEMETERY OR CREMATORY -REMOVAL (Specify) 24. FUNERAL/DIRECTOR 2Sb REGISTRAR'S SIGNATURE 2Sq. RECID BY REGISTRAR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	02592 CERTIFICA	TE OF DEATH 02586		
	1. PLACE OF DEATH a. COUNTY Pr. G. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Mary Land . b. COUNTY Pro Goo.		
	b. CITY OR TOWN (If authide carporate limits, write RURAL and give nearest tawn) Celmar Maner	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Colman Manor		
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4312 Newark Read	d. STREET ADDRESS 4.312 Newark Read e. IS RESIDENCE ON A FARM? YES \(\sqrt{1}\) NO BY		
	3 NAME OF DECEASED (Type or print) BATLEY S. KINCHEN	Lost 4. DATE Month Ped 16 19 67		
R.J. Ba	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH Sept 13, 1893 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Manths Doys Haurs Min.		
	Ret Presentan (Give kind of wark done of the kind of Business OR INDUS Gevt. P. O.	Texas 12. CITIZEN OF WHAT COUNTRY? U. S. A.		
	Charles Ruffin Kinchen	14. MOTHER'S MAIDEN NAME Hester Rogers		
	[Yes, no, or unknown] [(If yes, give wor or dates of service) = CO CO 1	Address Aise M. Kinchen Wife Same as # 2		
	Record Conditions Conditi			
1	230 BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OF	23d LOCATION (City, town, or county) (State)		
A	Burial 2/20/67 Ft. Lincoln C			
ь	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Francis Gasch's Sens Hyattsville, Maryl	250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		

TO HOSPITAL OR THIDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, may be retained.

TO FUNERAL DIRE After this certificate has been signed by the attending physician and completely fulled in by page 3 shauld be hed for use as the buriol-transit permit. Then please remave corban papers. Pages 1 and 2 the State Board of Health prior to buriol, cremation, ar remayol, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

jw

heral director

INDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

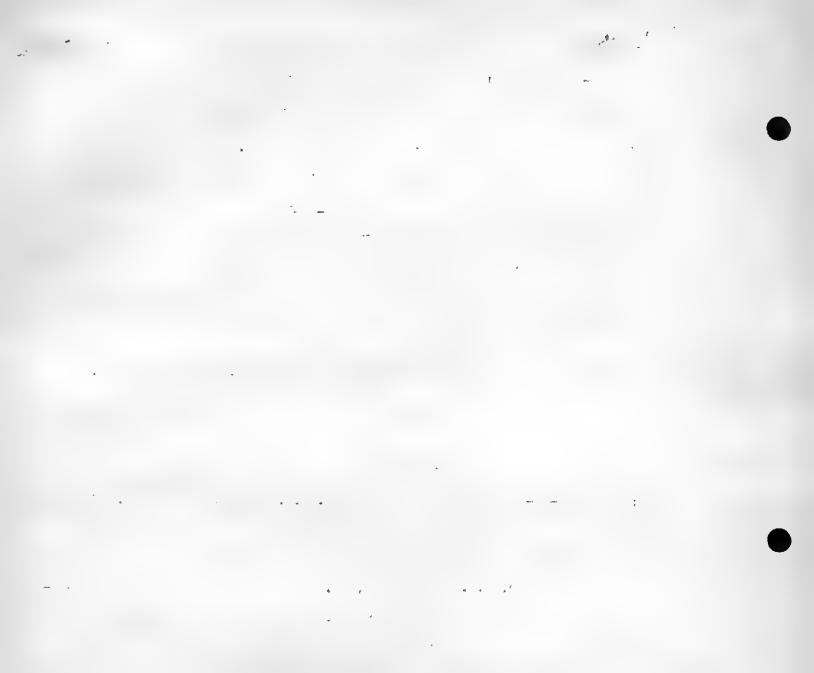


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02593 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. and completely filled in by the funeral remays carban papers. Pages I and in amy event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1 PLACE OF DEATH o. STATE o. COUNTY Prince George's Prince George's MARYLAND Marvland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and a ve negrest tawn) Cheverly 31 days Mitchellville d STREET ADDRESS e IS RESIDENCE ON FARM? d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) FILE Prince George's General Hospital Route #1. Box 1106 NO [3 NAME OF 4 DATE Lost Month Dov DECEASED (Type or print) King Everett Lee DEATH Feb. F UNDER I YEAR 9. AGE (In years S SEX B. DATE OF BIRTH IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs hours DIVORCED ... WIDOWED Male White 4/27/07 59 YIS 100 ... SUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY ?U ar remayal, and in dering most of working life, even if retired) TODACCO attending physician permit. Then please Virginia 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward King Mary Jane Linkous Address 3410 Alameda Pkwy Arnold Md 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no or Linknown) (If yes give wor or dotes at service) Margaret Elizabeth Francis-A 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (t).)
PART I, DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH must · IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), atistre DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the last. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(16) PERFORMED? far use Health r YES XX NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached f te Dept. af I (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 2Df. (City or fown) (County) (State) 2Dc. TIME OF INJURY Month, Doy, Year factory, street, affice blda., etc.) Not While ot work at work 21. I certify that (1) (this haspital) attended the deceased from Jan. 15, _____, 1967_, ta_Feb. 16_____, 1967_, that (I) (we) last saw the deceased alive an Feb., 16, 1967, and that death accurred at 5:40 M, from causes and an the date stated above. 22g. SIGNATURE 22b DATE SIGNED ATTENDING directar, page 3 shauld be filed v M.D DIRECTOR PHYS. PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) George William Ware, M.D. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 230. BURIAL, CREMATION. Burla (Specify) Washington Nat'l 2/18/67 Suitland Cem. Md. 256 REGISTRAD GIGNATURE 1967 Purios **ADDRESS** 2SO RECD BY REGISTRAR 24 FUNERAL DIRECTOR MAR Ritchie Bros. Upper Marlboro. Md. 20 M 1/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02594 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2 USUAL RESIDENCE (Where deceased ved, if institution Residence before admission 1. PLACE OF DEATH a COUNTY o. STATE rginia **B** COUNTY State Deportprefit of Prince George's MARYLAND b CITY OR TOWN (If outside carparate limits c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) t. LENGTH OF STAY IN 16 write RURAL and give nearest town) DOA North Arlington Cheverly d NAME OF HOSPITAL OR INSTITUTION (f not in hasp to, give street address) d STREET ADDRESS 8 IS RESIDENCE Office along with form ON A FARM? 1510 N St. Prince George General Hospital in Item 18. Give Poges NO X This certificate should be executed within 24 hours ofter death M ddle 4 DATE Year DECEASED ond 2 with the 20 19 67 Edward King (Type or print) George DEATH 6 COLOR OR RACE B DATE OF BIRTH IF UNDER 1 YEAR | F UNDER 24 HRS 7 MARRED X NEVER MARRED 9 AGE (In years last birthday) 25 vrs. Manths Hours haurs ofter death. 1-29-1942 White W DOWED D VORCED Male 10a USUAL OCCUPATION (G ve kind of work done 11 BIRTHPLACE (State or foreign country) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if refired) AUTOMOBILE VIRGINIA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME EDMONDS CECIL IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 17 INFORMANT 2522 MARLBORO AU LANDOVER, MD 16 SOCIAL SECURITY NO PATRICIA ANN KING 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN event PART I DEATH WAS CAUSED BY ONSET AND DEATH AMMEDIATE CAUSE (6) Decerebration DUE TO compound skull fracture Conditions, if any, which gave (b) and multiple fractures of limbs, ribs and pelvis rise to immediate couse (a). DUE TO stating the underlying cause puo PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/0) WAS AUTOPSY remova! PERFORMED? certificote, NO -20g EXTERNAL CAUSE WAS PRIMARY ☐ CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 1B.) CAUSE OF DEATH Struck by train cremation, 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED Tandover Maryland Hour am 2-20 19 67 of work of work respectively. The Penna R.R. Tracks, 22 posts So. of Post 128. factory, street, office bldg , etc.) 3.35am pm 21. 1 certify that I took charge of the remains described above, held an Autopsy Inspection K Inquiry K and in my opinion Notural couses Accident 3 death resulted from Suicide | Undetermined monner funerol directar. Homicide **ACTUAL** 22. DATE SIGNED 5 may be ref TO FUNERAL D Heofth prior 1 ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO Riverdale, Md. John Kehoe, M.D. NAME (Type) Address (Street, city, town, ar county) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) MIDDLEBURG CEM VR A15ME (5) 6M 1/67

MARILAND STATE DEPARTMENT OF MEALIN



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02595 CERTIFICATE OF DEATH campletely filled in by the funeral avec carban papers. Pages 1 and 2 y event, within 72 hours after death. requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Maryland Pro Georges Prince Georges MARYLAND b CITY OR TOWN (If outside corporate I mits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give necrest town) months College lark, Md. d. STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4606 Kiernan Koad Prince reorges hospital YES NO K 3 NAME OF Middle Lost 4. DATE Month Doy Prave carban Year DECEASED Marie King FEPR"ARY Helen 19 (Type or print) DEATH 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthdoy) Jan 21, 1919 female white DIVORCED WIDOWED 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Store, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY West Va own home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar removal Elby Ralston Carrie Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 219 03 9299 James B King sr College Park, Md. no INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH ARCINOMATOSIS-GENERALIZET Conditions, if any, which gove ADENOCARCINOMA OF THE. rise to immediate cause (a), DUE TO as the prior tak stoting the underlying couse Tage 4 may be retained by the haspital or attending After this certificate has been I be detached far use as the NARIES PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS' PERFORMED? ed far use of Health p HIRO MBO CYTO PENIC MURPURA NO 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20o ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20d INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 21. I certify that (I) (this hospital) attended the deceased from 12-20-_, 1866, 10 2 - 8 , 1967, that (I) (we) lost director, page 3 shauld shauld be filed with the 1967, and that death accurred of _____M, fram couses and an the date stated above. sow the deceased alive on 2+7 O NUMERAL MIRICTOR: 22o, SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** DIRECTOR M.D 22d. ADDRESS PHYSICIAN'S NAME (Type) William B Hagan Riverdale Md 23s. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Meadowridge Cemetery Md Dorsey Burial **ADDRESS** 2So, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Hyattsville, Md. 1967 F. Gasch's Sons DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02596 CERTIFICATE OF DEATH the attending physician and completely filled in by the funeral sit permit. Then please remove agrain papers. Pages I and 2 requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission 1. PLACE OF DEATH a COUNTY o. STATE Prince George's Prince George's MARYLAND Maryland c CITY OR TOWN (If outside corparate limits, write RURAs and give nearest town) CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town) Cheverly Cheverly hrs. IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) & STREET ADDRESS ON A FARM? YES NO Prince George's General Hospital 6341 Landover Road 4. DATE 3. NAME OF DECEASED (Type or print) DEATH Langtry DATE OF BIRTH Ann AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. burial, crematian, or removal, and in any save S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours DIVORCED WIDOWED 11-11-86 Cauc. Female 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done U.S.A. during most of working life, even if retired)
HOUSOWIIS INDUSTRY Lawrence, Mass. 14. MOTHER'S MAIDEN NAME 13 FATHER C MAM Elizabeth Mulholland Martin Connoll 17. INFORMANT 16 SOCIAL SECURITY NO 15. WAS DECEASED EVER IN L.S. ARMED FORCES? Dearborn (Yes, no or unknown) (If yes give wor at dates of service) 25-07-5430 signed by the attendie burial-transit Mr. Harvey E. Wood Falls Ch. Val INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) (Son-in-law) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO HEMORAHAGE Conditions, if any, which gave rise to immediate cause (o), DUE TO storing the underlying cause Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been d far use as the af Health priar ta WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION NO F 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Hour om. at wark 19 0 / that Hr (we) last 21 I certify that (H) (this haspital) attended the deceased from 2-18 2-19 19 67, and that death accurred at Man, from causes and on the date stoted above. shauld saw the deceased alive on 22b. DATE SIGNED 22a, SIGNATURE ronual M.D. DIRECTOR PHYS. director, page should be filed Prince George's General Hospital 22c. PHYSICIAN S NAME (Type) Norman K. Bohrer, M. D. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION. Cedar Hill Cemetery Suitland, Maryland 2/22/67 24 FUNERAL DIRECTOR Nalley's Funeral Home Inc. 2Sb. REGISTRAR S SIGNATURE VR A15 (4) 20 M 1/66 1967 Il Clerk is less out



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02597 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased Tived if institution Res a COUNTY a STATE b. COUNTY 므 Maryland Prince George's Montgomery MARYLAND ith the State Deportment b CITY OR TOWN (If auts de carporate limits, c. LENGTH OF STAY IN b c CITY OR TOWN (If guitside carparate I mits write RURAL and give negrest town) write RURAL and give nearest town) DOA Kensington Riverdale d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RES DENC alang with farm ON A FARM? n Item 18. Give Pages 10004 Crestwood Road NO -7 Leland Memorial Hospital 3 NAME OF Middle 4 DATE Month Day Year DECEASED (Type or print) William DEATH Francis Lawrence IF UNDER I YEAR S. SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (n years 7 MARRIED NEVER MARRIED last birthday) Months Davs Hours WIDOWED DIVORCED 1-10-1916 Male White any event within 72 haurs after deat IDE KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT IDa LSUAL OCCUPATION (Give kind of work done dung most of work ng life, even frebred)
Sales man COUNTRY? Keebler Biscuit in pencil n l Examiner's (Albany, New York 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME be executed with n Louise Wilde DeWitt Lawrence IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address Md. 577-03-0564 Paul J. Clarke 6841 Trexler Rd., Lanham IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary artery thrombosis, left anterior This certificate shauld writing the ward descending minutes Canditions, if any, which gave rise to immediate couse (a), be farwarded to .⊑ DUF TO stating the underlying cause QS PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(g) 9 WAS AUTOPSY PERFORMED? remayal, YES X NO. 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in any in Part I or Port I of term 81 0 PRIMARY TI or CONTRIBUTING TI shauld cremation, ar CAUSE OF DEATH 2De PLACE OF INJURY (Hame, farm 20c TIME OF NJURY Manth, Day, Year 20d INJURY OCCURRED (City or town) (Caunty) factory, street, affice bldg, etc.) Hour om. While at wark at wark DIRECTOR: Page 21. I certify that I took charge of the remains described above held an Autopsy 🕱 Inspection 💢 Inquiry 😿 . and in my opinion geoth resulted from: Natural coases of Accident 7 Homicide Undetermined manner Suicide CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER may be re-SIGNATURE funera, DEPUTY MEDICAL EXAMINER DE TO FUN. Health pr Riverdale, Md. NAME Type) John Kehoe, M.D. Address (Street city town, or rounty) 236 NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION 236 DATE THEREOF 23c LO AT ON dy a Tawn) Burial (Specify) 18 Feb. 1967 Gate of Heaven Cemetery Silver Spring, Md. ADDRESS DC 20012 24 FUNERAL DIRECTOR 250. REC D BY REG STRAR VR A15ME (5) Rinaldi Funeral Home, Inc. 7400 Ga. Ave., NWEFR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02598 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) p. COUNTY o. STATE ary delay is 1, 2, and 3 to m PM3 Page b COUNTY State Department of Maryland Prince George's b CTY OR TOWN (If outside corporate limits, MARYLAND c CITY OR TOWN (If guts de corporate limits, write RURA, and give nearest town) C LENGTH OF STAY N 16 write RURAL and give nearest lawn) Cheverly | DOA d NAME OF HOSPITAL OR NSTITUTION (I not in hospital give street oddress) Brandywine d STREET ADDRESS e IS RESIDENCE with farm ON A FARM? YES K NO Item 18 Give Pages Prince George General Hospital Rt. 1. Box 364 haurs after death NAME OF Midd e DATE Month DECEASED (Type or print) Alexander Louis Letcher DEATH S SEX 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost thdoy) Months Davs Hours WIDOWED DIVORCED White 9 March 1913 Off ce within 72 hours after death Male 1Do. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State Foreign country) 12 CT ZEN OF WHAT during most of working life, even if refired)
Storeclerk INDUSTRY COUNTRY? Grocery Store Maryland This certificate should be executed within 24 word "pending" in pencil in the Chief Medical Examiner's U.S.A 14 MOTHER'S MAIDEN NAME 13 FATHERS NAME Alexander Letcher Pauline Veneka 15 WAS DECEASED EYER IN US ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes_no, or unknown) (If yes give war or dates of service) 578-03-4936 Bettw Ellis, Brandywine, Md. 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b) ond (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH event IMMEDIATE CAUSE (6) Gun shot wound of brain writing the word DUE TO any Conditions, if any, which gove (b) MEDICAL transport of the certificate, writing interpolate execute the certificate, writing interpolated to rise to immediate couse (a), = **DUE TO** stoting the underlying couse last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? remayal, CERTIFICATION YES IX NO 20g EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port or Port I of item 18.) 3 shauld Ö CAUSE OF DEATH files. Shot self thru palate with 22 cal. rifle. crematian, aboute OF N. RY Month Doy Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, 2Df (City or fown) foctory, street, office bldg , etc.) 19 67 While of work of work Vaur DIRECTOR: Page Same as #2 1:00ampm 2-27-Home 21 I certify that I took charge of the remains described above held an Autopsy k. Inspection 🖳 , Inquiry 😿 , and in my opinion be retained for funeral director. death resulted fram: Natural causes Aggleent Suicide 😿 . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER may be re SIG NATURE DEPUTY MEDICAL EXAMINER EXAMINER'S John Kehoe, M.D. Riverdale, Md. O FUNE Health Address (Street ally town or county) the T 23d LOCATION ICHY or lower 23c NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL CREMATION 23b DATE THEREOF w 3 - 2 - 67St Peters Cem. Waldorf, Charles, Md. ADDRESS 24 FUNERAL DIRECTOR VR A15ME (5) Huntt Funeral Home, Waldorf, 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02599 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY n STATE b. COUNTY and 3 to P.M. Page and 2 with the State Department of Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Cheverly 2hrs. 25 min. Seat Pleasant d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e IS RESIDENCE A STREET ADDRESS Item 18 Give Poges 1, Office along with form ON A FARM? YES NO 🔀 Prince George General Hospital 720/ Rolling Ridge Drive 3. NAME OF Lost DECEASED (Type or print) Hattie LeVee DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARR ED 8 DATE OF BIRTH AGE (n years NEVER MARR ED lost birthdov) Months Days Hours ofter deoth WIDOWED X DIVORCED White 4-9-1881 180x 8 545 Female 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY?USA INDUSTRY Virginia This cert-ficate should be executed within 24 cote, writing the word "pending" in penal in 1 iner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 72 hours o pencil Frances Holland Charles Lynn please execute the certificate, writing the word persons and please Exercise Pane 4 should be farwarded to the Chief Medical Exercises. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) (Same) withn 215-03-1549D Mrs. Alice L. DeMar INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-tronsit PART | DEATH WAS CAUSED BY ONSET AND DEATH event IMMEDIATE CAUSE (o) Congestive heart failure DUE TO And uremia duy (Conditions, if only, which gove (b) Due to Generalized arteriosclerosis nse to immediate couse (o), ond In DUE TO stoting the underlying couse lost 19 WAS AUTOPSY PERFORMED? ar removal, PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION NO K 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Part I or Port II of item 181) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH files cremotion, WEDICAL 20c TIME OF INJURY Month Oov, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. Not While DIRECTOR: Page ot work ot work 21 I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry 😿. and in my opinion deoth resulted from. Notural gauses & Accident Undetermined monner Suicide Homicide the funerol director be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior may be re FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER 😾 EXAMINER'S John Kehoe, M.D. Riverdale, Md. Health Address (Street, city Jown, or county) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) 0 2/25/67. REMOVAL (Special Baltimore Cemetery Baltimore, Md. 25b REGISTRAR S S GNATURE 24 FUNERAL DIRECTOR ADDRESS 2So REC D BY REGISTRAR VR A15ME (5) 6M 1:67 Leonard J. Ruck, Inc. Balto. Md. 21214 ychoneles



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02600 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before I. PLACE OF DEATH o. COUNTY **b.** COUNTY Maruland MARYLAND c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town Temple Hills Andrews AFA Springs d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? USAF Hospital Andrews 4922 Temple Hills Rd YES NO SK 3 NAME OF Middle Last 4. DATE Dov DECEASED Charles Edward Long 19 67 DEATH February (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 9 AGE / n years 7. MARRIED NEVER MARRIED lost birthdoy) Dovs June 3, 1888 Male Cave WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT dur no most of working life, even if retired)
Relation 25 Navy INDUSTRY COUNTRY? China Grove, N.C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remova Vames S LONG Ester Meyers 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. T. E. Goodwin (Dau) Temple Hills And 579-05-5919 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY buriol-tronsit Passive Congestion of Heart IMMEDIATE CAUSE (o) DIJE TO Conditions, if ony, which gove rise to immediate couse (o). DUF TO stoting the underlying couse of Health prior ta hos been WAS AUTOPS PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? NO X YES T TO FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH None (IF EITHER, NOTIFY MEDICAL EXAMINER 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased from Far. 1967, to Far. 75, 1967, that (1) (we) lost sow the deceased alive on Feb 25 19 67, and that death occurred at 200 PM, from causes and on the date stated obove. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. 25 Feb 67 director, page 3 should be filed v DIRECTOR 22c. PHYSICIAN S E. LANGDON, LtCol. MC. USAF USAF HOSPITAL ANDREWS ANDREWS AFE 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION 23b. DATE THEREOF 2Sb REGISTRAR'S SIGNATURE REC'D BY REGISTRAR Victorian VR A15 (4) 20 M 1/66 Bres. 1661 Good Hope Rd. S.E.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02601 CERTIFICATE OF DEATH ter death. law requires that the death certificate be executed within 24 haurs after death by the attending physician and campletely filled in by the funeral transit permit. Then please remaye carbon papers. Pages I and crematian, or remayal, and in any event, within 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a STATE **b** COUNTY Prince George's MARYLAND Prince George's Maryland b CITY OR TOWN (if outside corporate ,mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) E. Riverdale Riverdale 6 days d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO X 6308 60th Avenue Eugene Leland Memorial Hospital 3 NAME OF Middle 4 DATE Lost Month Year Dov DECEASED (Type or print) Loyd 8 DATE OF BIRTH Viola DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED last birthday) Months Davs Haurs DIVORCED WIDOWED 10-9-02 White Female 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? dultap roest of weskingstite, even if retired) OwnsHome N. Carolina - Warren Co. U.S. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Lena Hopkins Walter Stevenson 15. WASA (CASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war ar dates af service) 16 SOCIAL SECURITY NO. 17. INFORMANT 241 68 7048 TINKROTE James Loyd. 6860 Riverdale Rd., Lanham. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p 6 ONSET AND DEATH PART I. DEATH WAS CAUSED BY MYOCAR DIAL INFARCTION IMMEDIATE CAUSE (a) DUE TO ARTERIOSCLEROSIS UNKNOWN Conditions, if any, which gove rise to immediate cause (a). ificate has been si far use as the b DUE TO stoting the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO L O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, affice bldg., etc.) Haur o.m. 19_67, to 2-26 21. I certify that (1) (this haspital) attended the deceased fram 2-20 , 19_67 that (I) (we) last 19 67, and that death accurred at8:10AM, from causes and an the date stated above 2-26 saw the deceased alive an... 22b. DATE SIGNED, 22a, SIGNATURE 226.67 ATTENDING STAFF PHYS. M.D. PHYS. DIRECTOR director, page should be filed 22d, ADDRESS 22c. PHYSICIAN'S RIVERDALE NAME (Type) MD. 23a. BURIA., CREMATION, Burchoval (Specify) 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Warrington Warren Md. Fairview ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) Francis Gasch's Sons Hyattsville, Md. FEB 28 Misrien

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02602 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 havrs after death 2 USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission PLACE OF DEATH attending physician and campletely filled in by the funeral permit. Then please remove-carban mapers. Pages I and any event, within 72 hours after deat o. COUNTPrince George's a. Maryland Prince George's MARYLAND b (ITY OR TOWN (foutside corporate limits, write RURAL and give nearest lown)

Cheverly c CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) LENGTH OF STAY IN 16 2 days Beltsville d STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Prince George's General Hospital 10401 - A - 46th Ave. YES NO TE NAME OF Middle 4 DATE Ferst iost Month Year Day DECEASED OF DEATH Russell R. Marsh Feb. 26, 19 67 (Type or print) S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost buthday) Hours White DIVORCED XXX March 14, 1910 Male WIDOWED 11 BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR 12, CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done during most of working ide, even if refired) LOUNTRY P construction Albermerle County 14. MOTHER'S MAIDEN NAME Lillie Hadison 13. FATHER'S NAME AleBander Marsh 16 SOCIAL SECURITY NO 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no or unknown) (If yes give wor or dates of service) Russell Marsh Or Beltsville, Md. 230 03 6475 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) ONSET AND DEATH burial-transit PART : DEATH WAS CAUSED BY Rovonery occusion IMMEDIATE CAUSE (a) Canditions, if any, which gove rise ta immediate cause (a), stating the underlying cause as the prior to l TO FUNERAL DIRECTOR: After this certificate has been PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? for use NO 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) of work ot work 21. I certify that (f) (this haspital) attended the deceased from Feb. 24, 1967, to Feb. 26, 1967, that, (W) (we) last saw the deceased alive an Feb. 28, 1967, and that death accurred at 1967, from causes and on the date stated above 22b. DATE SIGNED 220 SIGNATURE ATTENDING directar, page 3 shauld be filed v M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S NAME(Type) Frederick H. Wilhelm, M.D. 23d LOCATION (City or Town) Colmar Pro 23c BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Ft Lincoln Cemetery "arch 2, 1967 Hyattsville, Md. 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR F. Gasch's Sons VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02603 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death USUAL RESIDENCE (Where deceosed lived, if institution. Residence before odmission) 1. PLACE OF DEATH o. COUNTY Maryland COUNTY PrinceGeorges Prince Georges ease remove carbon papers. Pages 1 and ford for any event, within 72 hours after MARYLAND CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxen Hill d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE campletely filled in ON A FARM? PrinceGeorges General Hospital Tucker Road NO [1806 4 DATE 3. NAME OF Middle Lost Doy attending physician and campletely formit. Then please remove carbon DECEASED (Type or print) DEATH Baby Roy Mason IF UNDER 1 YEAR DATE OF BIRTH AGE (In years IF UNDER 24 HRS S. SEX 6 COLOR OR RACE NEVER MARRIED 7. MARRIED lost birthdov) Months Dovs Hours WIDOWED DIVORCED Feb_ __1967 Male Negro

100 JUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Prince George's, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME as the burial-transit permit. Then prior to burial, cremation, ar removal Emais Louis Sibney Mason Alice Cecilia Jankins 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (if yes give wor or dotes of service) As above Mother 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I, DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. **DUE TO** Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse this certificate has been last. PERFORMED?

YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) detached far use te Dept. af Health 200 ACCIDENT WAS JNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work 1957 to Feb. 3 . 1957 , that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram Feb. 3 saw the deceased alive an Feb. 3 1967, and that death accurred & x 8xx from causes and an the date stated above. 22b DATE SIGNED 220 SIGNATURE STAFF PHYS. XX M.D PHYS 22d ADDRESS 6201 Riverdale Rd., Riverdale, Md. 22c. PHYSICIAN'S John Perkins, M.D. NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 230 BURIAL CREMATION. Prince Georges Gen. Hosp. Cheverly PG Maryland 2/11/67 FILINGRAL DIRECTOR AD ORESS 2So. RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR DATEFEB Cheferly, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02598 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02604 FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a COUNTY Page 9 Maryland Prince George's Prince George's MARYLAND State Department b CITY OR TOWN (If outside carparate firm ts. CLENGTH OF STAY N ID c CITY OR TOWN (If autside carparate imits, write RURAL and give nearest tawn) write RURAL and give nagrest town) DOA Takoma Park Cheverly d NAME OF HOSP TAL OR INSTITUTION (If not in hosp tal, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? along with form Prince George's Hospital 6800 Red Top Road Item 18. Give Poges 3. NAME OF Middle Last DECEASED (Type or print) Mathis DEATH February John Huston 9 AGE (In years 5 SEX IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED 😿 8 DATE OF BIRTH 7 MARRIED tas birthday) Months March 28, 1964 white male DIVORCED ofter depth W DOWED 10b KIND OF BUSINESS OR 1) BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done COUNTRY? during mast of working life, even if retired) INDUSTRY Baltimore, Md. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME be executed within hours Kasandra Grindstaff Sammy M. Mathes .= 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address in ony event within 72 (Yes, na, ar unknawn) (If yes give war ar dates of service) Parents. (same as #2) Νo 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY Inhalation of smoke IMMEDIATE CAUSE (o) the certificate, writing the word MINCHIN B urns - 90% of body surface minutes Conditions if any, which gave rise to immediate couse (a), forworded to DUE TO stating the underlying couse last. removol, nsed 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) CERT FICATION NO BC 200 EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of tem 18) 3 should pluous Burned in fire of unknown origin. cremotion, MEDICAL 2) 20e PLACE OF INJURY (Hame, form, 20f (City or town) 20d INJURY OCCURRED (County) (State) 20c TIME OF N.LRY Manth, Day, Year hat While Storage Toom of home: same as 7:50am 2-25-67 21. I certify that I taak charge of the remains described above, held an Autopsy Inquiry 🛣 nspection X. and in my apinian Accident Su cide . Hamicide . Undetermined manner death resulted fram Natural couses funeral director FUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior SIGNATURE 2-26-67 DEPUTY MEDICAL EXAMINER TY **EXAMINER'S** AddRiverdale, o'Mdw John Kehoe, M.D. NAME (Type) the 23c NAME OF CEMETERY OR CREMATORY BUR AL CREMAT (County) 0 25b REG STRAR S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02599 02605 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b COUNTY the State Deportment of Prince George's

b CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland Prince George's c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give negrest town). Cheverly DOA d NAME OF HOSPITAL OR NSTITUT ON (finct in hospito, give street address) Lanham d STREET ADDRESS e IS RESIDENCE ON A FARM? the certificate, writing the ward "peading" in pencil in Item 18. Give Poges 1, 4 should be forwarded to the Khief Medical Exominer's Office dong with farm YES NO DC Prince George General Hospital 6908 Heidelberg Road This certificate should be executed within 24 hours after death Middie 4 DATE DECEASED (Type or print) McManus DEATH Harry 6 COLOR OR RACE 7 MARRIED 9 AGE (In years IF UNDER 1 YEAR NEVER MARRIED B DATE OF BIRTH lost birthdoy Months Dovs Haurs in ony event within 72 hours ofter death WIDOWED DIVORCED 14 Feb. 1923 Male White 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT during most of working life, even if retired) INDUSTRY U S A Dept of Agriculture Government Vest Virginia

14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Mc Manus Elizabeth Warren 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no or unknown) (if yes give wor or dotes of service) Audrey L. Mc Manus Lanham, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1 DEATH WAS CAUSED BY: NTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Asphyxia DUE TOO colusion of airway Conditions, if ony, which gove (bFrom Carcinoma of larvnx rise to immediate couse (a), stoting the underlying couse removol, PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES -NO I 200 EXTERNAL CAUSE WAS CERTF 20b DESCRIBE HOW NIURY OCCURRED (Enter nature of niury in Port I or Port II of Item 18.) 3 should PRIMARY OF CONTRIBUTING CAUSE OF DEATH cremotion, MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF .NJURY (Home, form, (City or fown) (County) (Stote) while of work of work foctory, street, office bldg., etc.) moy be retained far your FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held an Autapsy 🕵 , Inspection 🛣 , Inquiry 🔀 , and in my opinion prior to buriol, Noturol equises DC / Accident death resulted from: Suicide . Hom cide Undetermined monner the funeral director be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S John Kehoe, M.D. 2-2-67 Riverdale, Md. O FUNER Health Address (Street, city, town, or county) 23c NAME OF CEMETERY ORGENEMATION 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Arlington National Arlington Virginia Feb 3, 1967 250 RECD BY REGISTRAR 196 250 REGISTRARA SIGNATURE ADDRESS 24 FUNERAL DIRECTOR VR A15ME (5) F. Gasch's Sons Hyattsville, Md. 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #8 Film #3305.220 Z DC 02606 0.5600CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE **b** COUNTY Prince George's and completely filled in by the fur remove carbon papers. Pages L. in any event, within 72 hours after. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) E LENGTH OF STAY IN 16 Cheverly 60 days LaPlata d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Prince George's General Hospital NO 12 XX YES NAME OF 4. DATE Day Lost Year DECEASED (Type or pont) John McPherson DEATH 19 67 IF UNDER 24 HRS. NEVER MARRIED IF UNDER 1 YEAR 6. COLOR OR RACE B DATE OF BIRTH AGE (In years 7 MARRIED last birthdoy) Months Doys Hours 8/4/66/ Male Colored WIDOWED DIVORCED 10o LSUAL OCCUPAT ON (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Charles County 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME crematian, or rem**óva** Frank McPherson Elizabeth Norris the ottending parties the WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 3400 Addientoroly Terr (Yes, ng, prunknown) (If yes give war or dates of service Frankick McPherson-Brother, Balti NTERVAL BETWEEN ONSET AND DEATH IB. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY signed by the buriof-tronsit p IMMEDIATE (AUSE (o) DUE TO Conditions, if any, which gove (b) ase to immediate couse (o). DUE TO stoting the underlying couse ed for use os the of Health priar to has been last PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) O FUNERAL DIRECTOR: After this Hour om. foctory, street, office bldg., etc.) Not While of work at wark 21 | certify that (1) (this haspital) attended the deceased fram 12 - 9 1966 to 2-7 1967, that (1) (we) last Page 4 may be retained 19 67, and that death accurred at 11:30PM, fram causes and an the date stoted above saw the deceased alive on 2 22o. SIGNATURE director, page 3 should be filed v DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Carcia, M.D. Prince George's General Hospital 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR) 23d LOCATION (City or Town) 23o BUR AL, CREMATION, REMOVAL (Specify) Heart Cemetery Plata Burial Sacred Maryland La 24 FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR VR A15 (4) Charley DATEFB runeral Home, Inc .- La Plata, Md. 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death and PLACE OF GEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Prince George Maryland Prince George MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b. Cheverly Marlow Heaghts .5 bon papers. within 72 ho filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS IS RESIDENCE ON A FARM? Prince George 3817 Barnabas Road etely executed within carbon 3. NAME OF First Middle Last DATE Month 2] Feb DECEASED 0F event, (Type or print) **OEATH** Lorena Meholek 19 6. COLOR OR RACE , 7. MARRIEO X NEVER MARRIEO OATE OF BIRTH AGE (In years IFUNDER I YEAR IFUNDER 24 HRS. Last birthday) Months | Days | Hours | Min. 9-16-1896 WIDOWED [DIVORCED | Female White 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KING OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) rsician lease r 12. CITIZEN OF WHAT þ during most of working life, even if retired) Washin ton. D.C. House Wife death certificate 14. MOTHER'S MAIOEN NAME MOLLY 13. FATHER'S NAME Edward Hunwood Mae Goldsborough 15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) (If yes give war or dates of service) John Meholek Same as I-transit permit, cremation, 18. CAUSE OF DEATH [Enter only one cause penaline, for (a), (b), and (c). INTERVAL BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. signed 1 been signed the burial-tr or to burial, c **OUE TO** Conditions, If any, which (b) gave rise to immediate OUE TO cause (a), stating the prior underlying cause last. 98 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH for use Health p MINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? certificate NO F YES T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) t of detacher te Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, I (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work P 21. I certify that (I) (the hospital) attended the deceased from DIRECTOR: age 3 should liled with the and that death occurred at A. F.M. from the causes and on the date stated above. saw the deceased alive on SIGNATURE 22b. OATE SIGNEO page ATTENDING DIRECTOR Page 4 may O FUNERAL I director, pag should be fil 22d. ADDRESS 22c. **PHYSICIAN'S** NAME (Type) Csatary MD. 1503 Good Hope Rd. S.E. Laszlo K. Wash. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 12-24-1967 Cedar Burial Suitland, Md FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02608 death The law requires that the death certificate be executed within 24 hours after death the attendurg physician and campletely filled in by the funeral st permit their hease remave carbon papers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PRINCE GEORGE'S ve carban papers. Pages 1 event, within 72 haurs after MARYLAND CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 DAYS UPPER MARLBORO ANDREWS AIR FORCE d NAME OF HOSP TAL OR INSTITUTION (If not in hosp tol, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS 6515 ROSEMONT NO X USAF HOSPITAL ANDREWS 3 NAME OF Middle 4. DATE First Last Manth Day Year DECEASED (Type or print) MARY FRANCIS MEHRER DEATH FEBRUARY 6 19 67 IF UNDER 24 HRS. S SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR A COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Davs Hours APR 1894 CAUCASIAN DIVORCED FEMALE WIDOWED 10a LSUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY A U.S.A. during most of working (fe, even if retired) HOUSEWIFE FLORENCE, NEW JERSEY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MINNIE APPLEGATE THEODORE A. GIBBS Or remo 15 WAS DECEASED EYER IN J.5 ARMED FORCES?
(Yes, na. ar unknawn) (Iff yes give war or dotes of service)
NO N/A 16. SOCIAL SECURITY NO 17. INFORMANT Address MILTON A. MEHRER-SON-SAME AS #2 ABOVE UNKNOWN burial, crematian, CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) INTERVAL BETWEEN The function of the continuous points of the property of the p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION Page 4 may be retained by the hospital ar attending physician. DUF TO Canditians, if ony, which gave (b) ARTERIOSCLEROTIC HEART DISEASE UNKNOWN rise ta immediate cause (a). DUE TO for use as the b Health prior tab stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? MELLITUS AND HYPERTENSION NO K 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) directar, page 3 shauld be detached shauld be filed with the State Dept. af 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a.m. factory, street, office bldg., etc.) Not While ot wark FEB 196.7 , that **X**) (we) last 21. I certify that (X (this haspital) attended the deceased from 4 FEB 1967 ta 6 saw the deceased alive an 6 19.67, and that death accurred at 11: ***Dfram causes and an the date stated above. FEB 11:20 220 SIGNATHRE 22b DATE SIGNED ATTENDING X PHYS. DIRECTOR 6 1967 HOSPITAL ANDREWS ADDRESS USAF 22c PHYSICIAN'S AFB WASHINGTON DC 2033] PHELPS CAPT .USAF.MC ANDREWS 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) 23g. BURIAL, CREMATION, 23b. DATE THEREOF REMOKAL (Specify) BURLINGTON, NEW JERSEY ODD FELLOWS CEMETERY 2/9/67 **ADDRESS** 25g. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR WILHELM FUNERAL VR A15 (4) 20 M 1/66 HOME 4308 SUITLAND ROAD, SUITLAND, MARYLAND



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02609 **CERTIFICATE** OF DEATH death/ The law requires that the deoth certificate be executed within 24 hours after death gnd 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) PLACE OF DEATH ad campletely filled in by the funeral emave carban papers Pages 1 and b. COUNTY a. COUNTY o. STATE 4 papers Pages 1 nn 72 haurs after c LENGTH OF STAY. c. CITY OR TOWN (If autside camparate limits write RURAL and give nearest town) 6 CITY OR TOWN autside camarate d. STREET ADDRESS IS RES DENCI ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) event, within 72 YES NO 🚄 NAME OF DATE femaye carban First Middle Last Doy Year DECEASED OF DEATH 19 (Type or print) IF UNDER 24 HR S SEX DATE OF BIRTH IF UNDER 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday] Manths Hours Davs and in any WIDOWED DIVORCED 12 CITIZEN OF WHAT 10a. USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR attending physician are permit. Then please in during most of working ife, even if retired) INDISTRY Housewor ou nTi 13. FATHER S NAME MOTHER'S MAIDEN NAME ar removal. a 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? burial-transit permit. of or unknown) (If yes give wor or dates at service) crematian. NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by 1 IMMEDIATE CAUSE (o) physician. DUE TO Conditions, if ony, which gove ase to immediate couse (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending d far use as the af Health priar to O FUNERAL DIRECTOR: After this certificate has been last 19 WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION BUT NO NO YES [20b. DESCRIBE HOW, INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20g ACCIDENT WASJUNDERLYING CONTRIBUTING LAUSE OF DEAT shauld be detached (IF EITHER, NOTHY MEDICAL EXAMI 20c. TIME OF INTURY Month Day, Year 20d. INJURY OCCURRED 20e PLACE OF INTURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street 21. I certify that (I) (this hospital) attended the deceased fram. and that death accurred at 1115 M, fram causes and an the date stated above saw the deceased alive an 226 DATE SIGNED 22a, SIGNATURE **ATTENDING** M.D. DIRECTOR filed be filed 22d ADDRESS 22c PHYSICIAN'S 808 NAME (Type) directar, shauld (County) 23a BURIAL, CREMATION, 23b DATE THEREOF LOCATION (City or Town) (State) KOMOVAL (Specify) 250. REC'D BY REGISTRAR ELINERAL DIRECTOR VR A15 (4) 20 M 1/66





	AND STATE DEPARTMENT OF HEALTH ID RECORDS, 301 W. PRESTON STREET, BALTI	IMORE, MARYLAND 21201
02611	CERTIFICATE OF DEATH	02605
o. COUNTY Prince Georges	2. USUAL RESIDENCE (Where decection of STATE Maryland	sed lived, if institution: Residence before admission) b. COUNTY Pro Geo
write RURAL and give negrest town) Greenbelt, Mid.	Bowie, Mc	/ ` /
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street Greenbelt Aursing Home	d. STREET ADDRESS Box 151	e IS RESIDENCE ON A FARM? YES NO X
3 NAME OF DECCASED (Type or print) S 5EX 6. COLOR OR RACE 7 MARRIED NEW	Middle Lost 4. DATE OF BIRTH 4. DATE OF BIRTH	9. AGE (n years IF JNDER 1 YEAR IF UNDER 24 HRS
female white WIDOWED	DIVORCED Feb 19, 1871	95 buthdoy) Months Doys Hours Min
during most of working life, eyen if retired) INDUSTRY own ho	ome plaryland 14. MOTHER'S MAIDEN NAME	COUNTRY? USA
13. FATHERS NAME — Martin	Unknown	
(If yes give war ar dates of service) (If yes give war ar dates of service)	urity no. 17. Informant Leo C iiullikin Edn	Address monston, Md.
4-3 DUE TO	DITTO TIKKGITIT	INTERVAL BETWEEN ONSET AND DEATH PLOSC LEROSIS UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	EN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO (*)
206 DESCRIBE #101	W INJURY OCCURRED. (Enter nature of injury in Port I or Por	rt II of item 18)
20x. TIME OF INJURY Month, Day, Year Hour o.m. 19 Of work of two	While factory, street, office bldg., etc.)	(City or town) (County) (State)
21. I certify that (I) (this hospital) attended the sow the deceased alive on FEBS.	deceased from \overline{JAN} 30 , 1967, 1967, and that death accurred at $7^{23}A$ 1	to FE36, 1967, that (1) (we) lo M, from causes and on the date stated abo
220. SIGNATURE HOWARD W. January 22c. PHYSICIAN'S NAME (Type) HOWARD M. TANNIN	ATTENDING PHYS DIRECTOR 22d. ADDRESS M.D., M.D., 22d. ADDRESS	□ STAFF □ 72b. DATE SIGNED 72b. □ 72b. 6, 1967
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NJ		
24 FUNERAL DIRECTOR A	oddress 250. RECD BY REGISTION DATE FEB 1	TRAR 25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 02612 HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Prince George's o. STATE 2, ond 3 to PM3. Poge MARYLAND Maryland Prince George's b CTY OR TOWN (If auts de carparate limits write RURAL and give nearest tawn) c CITY OR TOWN (If acts de carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Cheverly DOA Morningside d NAME OF HOSPITAL OR INSTITUTION (1 nat in haspital a ve street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? ril in Item 18. Give Pages 1, ner's Office along with form Prince George's General Hospital 5613 Regina Court YES NO TY NAME OF Last 4 DATE Erst Manth DECEASED OF Mullins 19 67 (Type ar print) Matherine Imogene DEATH S SEX NEVER MARRIED B. DATE OF B RTH 1F UNDER 1 YEAR F UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 9 AGE (In years Manths last birthday) Haurs WIDOWED DIVORCED 12-23-58 72 hours ofter death white female 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or fareign country) 106 KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if retired)
Dependent COUNTRY? Colorado USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within the certificate, writing the ward "pending" in port 8 should be forwarded to the Chief Medical Examples Harry F. Mullins Hilda I. Redden 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no. prunknawn) (If yes give wor or dotes of service) w thin James C. Mullins 6236 Dallas Pl. Temple Hill NIERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I DEATH WAS CAUSED BY-ONSET AND DEATH event Asphyxia IMMEDIATE CAUSE (b) DUE TO and in ony Conditions, if ony, which gave Trapped in trunk nse ta immediate cause (a), DUE TO stating the underlying couse PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? removol. 8 YES X NO [20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) PRIMARY TO CONTRIBUTING lid of trunk closed and locked with child in trunk CAUSE OF DEATH cremation, 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form 20f (City or town) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg, etc.) While at work of work 19 67 Morningside P.G. Md. home 21. I certify that I taak charge of the remains described above, held an Autapsy [X]. Inspection X, Inquiry X, and in my apinion moy be retained for FUNERAL DIRECTOR: Natural causes . // Accident X Suicide , funeral director. death resulted fram Hamtade | Undetermined manner CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAM NER SIGNATURE 2-10-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** O FUNER Health NAME (Type) John Kehoe M.D. Riverdale, Maryland Address (Street, city, town, or county) 23b DATE THEREOF 23a BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Caunty) (State) REMOVAL (Special and and Arlington National Arlington, Virginia 256 REG STRAR & SIGNATUR Judge 24 FUNERAL DIRECTOR 25a REC D BY REG STRAR VR A 15ME (5) Robert E. Wilhelm Funeral Home 6M 1/67 4308 Suitland Road, Suitland Maryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 2, 10a, 14, 15, 16, Film G385, 2/15/67 mh ve carbán papers. Pages 1 and 2 event, within 72 hours after death campletely filled in by the funeral ave carban papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) 1. PLACE OF DEATH Prince George's a. COUNTY Prince George's MARYLAND c CITY OR TOWN (If outside carporate PHINE write RURAL and give neorest tawn) b. CITY OR TOWN (if outside corporate limits, write RTRAL and give nearest town)

Cheverty c. LENGTH OF STAY IN 16 The law requires that the death certificate be executed within 24 hours College Park 14 days d STREET ADORESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4604 Knox Rd. * Prince George's General Hospital YES NO [3. NAME OF Middle semaye carban First Lost DATE Dov Year eb. DECEASED OF Albert R. Mumford (Type or print) DEATH 9. AGE (In years S SEX IF LINDER 1 YEAR 6 COLOR OR RACE 7 MARRIED (NEVER MARRIED B DATE OF BIRTH last birthdov) Months I Dovs Hours WIDOWED White DIVORCED Male July 13,1895 10g SUAL OCCUPATION (Give kind of work done वर्धमानु क्रोडिंग क्रिकेट्री क्रिकेट्री मुंग्री है। (Expenditure) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Mass. Reserch Electro Chemical Engineer 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME or remayal. Albertina V. Shupe Mumford Charles (Yes, no, or unknown) (If yes give war or dotes of service) 7 - 9 - 4 - 4 1 17. INFORMANT 057-09-1895 Mrs Cora Mumford Same as D M. es INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction IMMEDIATE CAUSE (o) DUF TO 2 weeks Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse as the prior tak Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use (Health p Rheumatic heart disease, gastric ulcer, diabetes mellitus YESZIVET NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) ot work ot work 21. I certify that (I) (this haspital) attended the deceased from Jan. 22. 1967, ta Feb. 5. 1967, that (I) (we) last 1957, and that death accurred at 1:25 M, from causes and an the date stated above. saw the deceased alive an Feb. 5. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF Feb. 6, 1967 DIRECTOR PHYS. directar, page 3 should be filed v 22d, ADDRESS 22c. PHYSICIAN 5 4917 Edgewood Rd. College Park Md. NAME (Type) William B. Gunther, M. D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230 BURIAL CREMATION, 23b DATE THEREOF Cremation Lee's Crematorium 2/6/67 Washington 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02614 FOR STATE HEALTH DEPTS PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution o COUNTY Prince George's Page Maryland Prince George's c CTY OR TOWN (floutside carparate imits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate him to c LENGTH OF STAY IN 1h and write RURA, and give nearest tawn) Hvattsville DOA Cheverly d NAME OF HOSPITA. OR INSTITUTION (If not in haspital give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS 3115 75th Ave. Apt. 1 Prince George's Hospital YES NOSSC NAME OF 4 DATE Last Day Year DECEASED DEATH February 19 (Type ar print) George Myers Samuel 7 MARR ED TX S SEX 8 DATE OF BIRTH 1908 9 AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED lost birthday) Months Haurs white June 20, /1/90%/ WIDOWED This certificate should be executed within 24 hours 11 BIRTHPLACE (State or foreign country) 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT dured nost of Sure on bleet very lettred) U. S. Government Ufous RY ?A. North Carolina . in pencil in Examiner's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Bynum Lee Myers Rebecca Combs. 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO word "pending" i the Chief Medical (Yes no or unknown) (If yes give war ar dates of service) 578 12 9947 Mrs. Margaret G. Myers Same as #2 (wife 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Heart failure IMMED ATE CAUSE (0). DUE TO Conditions, if any, which gave Arteriosclerotic heart disease over 2 vrs rse to mmed ate cause (a), removal, and in DUE TO stoling the underlying cause 19 WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILO. NO IX 20g EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d NURY OCCURRED 20e PLACE OF INJURY (Hame, form 20f (City or town) (County) (State) Hour a.m. factory, street, affice bldg, etc.) Not While at wark 21 I certify that I took charge of the remains described above, held an Autopsy ... Inspection x, Inquiry 5c. and in my apinion Accident death resulted fram: __ Natura capses X. Suicide . Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER may be re FUNERAL D prior SIGNATURE DEPUTY MEDICAL EXAMINER TO 2-19-67 **EXAMINER'S** John Kehoe, M.D. Riverdale w.Md univ) NAME Types 23c NAME OF CEMETERY OR COLUMN 23d 10CATION (City or Town)
Colmar Manor 230 RUR AL REMATION. DATE THEREOF 2/22/67 Ft. Lincoln Buffi组 Spec.fy) 250 REC D BY REGISTRAR 24 FUNERAL DIRECTOR 2Sb REGISTRAR S SIGNATURE VR A15ME (5) Francis Gasch's Sons Hyattsville, Md. 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 02615 CERTIFICATE OF DEATH by the attending physician and completely filled in by the funeral transit permit. Then proce remove carban papers. Pages 1 and 2 tremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o STATE **6. COUNTY** MARY, AND Prince Georges Prince Georges Mary land c CITY OR TOWN (if outside carporate limits, write RJRAL and give nearest town) b CITY OR TOWN (If outside corporate limits. < LENGTH OF STAY IN 3b write RURAL and give nearest town) Capital Heights Cheverly day e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS YES 🗍 NO X Prince Georges General Hospital 415 59th_Ave 4. DATE 3 NAME OF Middle Last Month Dov Year DECEASED (Type or print) DEATH William Nalley. Feb IF UNDER 24 HRS S. SEX B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Hours Dovs WIDOWED DIVORCED 14 April 1905 Male 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10o JSUAL OCCUPATION (Give kind of work done pe during most of working life, even if retired) INDUSTRY COUNTRY? MARYLAND ROBFER

13. FATHER'S NAME law requires that the death certificate & SIDING EMPLOYED 14. MOTHER'S MAIDEN NAME WILLIAM 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address 4900 YOU ST. (Yes, no, or unknown) (If yes give wor or dotes of service) 8-09-0825 FLORENCE BRADRURY INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the burial-transit p buriat, cremation ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO far use as the t i Health priar ta b stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 200 ACC DENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or lown) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) While Not While at work 21 I certify that (4) (this haspital) attended the deceased from 19____, that (+) (we) last . 19 . to and that death accurred at 11.15M from causes and an the date stated above saw the deceased alive on, 22b DATE SIGNED 22o. SIGNATURE - . ATTENDING STAFF PHYS DIRECTOR director, page should be filed 22d, ADDRESS 22c PHYSICIAN'S NAME (Type) 3231 SUPERIOR 230 BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) WASHINGTON OLIVET CEMI 25o, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 FEB CHAMBERS KIVERUALE DATE





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02617 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY carban papers. Pages 1 ent, within 72 haurs after Prince Georges MARYLAND b. CITY OR TOWN (If autside carparate limits, c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give negrest tawn) Glenn Dale (rural) 1 mo. 20 days Washington, D. C. e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If ngt in haspital, give street address) d. STREET ADDRESS Glenn Dale Hospital NO SE 768 Morton St., N.W NAME OF Middle physician and completely fen please remove carban Lost 4 DATE Day DECEASED Hudson (Type ar print) N. Newberry DFATH 16 1967 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Days Haurs Negro WIDOWEDCX DIVORCED 7/23/1897 10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b KIND OF BUSINESS OR 12. CIT ZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) INDUSTRY COUNTRY? unknows Ga. IISA 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME burial, crematian, ar remayal, attending physoemit. Then f Austin Newberry Annie Glave 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates of service) unknown Decedent unknown 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY signed by the burial-transit ONSET AND DEATH IMMEDIATE (AUSE (a) Hepatic Failure by the haspıtal ar attending physician. DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO prior to b stoting the underlying cause Cirrhosis of Liver 1 year PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Pneumonia, right lung; AScites, Chronic Pyelonephritis YES X NO certificate 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or tawn) 20c. Tame OF INJURY Month, Doy, Year Hauria,m. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f (County) (State) Nat While foctory, street, affice bldg., etc.) at wark at work O FUNERAL DIRECTOR: After 21. I certify that (K (this haspital) attended the deceased fram 12/23/, 19-66, ta 2/16/167, that (文(we) last O HOSPITAL OR ATTEND Page 4 may be retained saw the deceased alive an____ 2/16/1967_, and that death accurred at 2:15 mm from causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF DIRECTOR X 2/16/67 M.D. director, page 3 PHYS 22d. ADDRESS 27c PHYSICIAN'S Glenn Dale Hospital NAME (Type) Glenn Dale, Md 23a BURIAL REMATION, (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b REGIST

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 02618 CERTIFICATE OF DEATH funeral and 2 and 2 death. 1. PLACE OF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY a. STATE after Prince George's Maryland Prince George's

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours 53 days Hillcrest Heights Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE filled bon papers ON A FARM? 2800 Gaither Street Prince George's General Hospital YES T NO remove carbon particular for any eventual many eventual ma executed within NAME DE DATE Middle Last Month Day Year DECEASED 1967 February 24 (Type or print) Eileen C. No1 and DEATH 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HR\$ 7. MARRIED NEVER MARRIED last birthday) | Months | Days Whi te Female WIDOWED DIVORCED T 8/28/01 65 attending physician ar ermit. Then please re on, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? U.S.A. U.S. Government Washington D. C. Retired death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Renehan Walter M. Fogarty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address D FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or (Yes, no, or unknown) (If yes nive war or dates of service) William G. Noland. Same As # INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: wh PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TD Conditions, if any, which (0) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO E 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part || of Item 18.) 20a. ACCIDENT WAS UNDERLYING F OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While OR ATTENDING F at work at work 195 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at. saw the deceased alive on M, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. M.D. DIRECTOR Page 4 may ADDRESS PHYSICIAN'S 22d. NAME (Type) AITHER (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, REMOVAL (Specify) 0 27, 1967 Cedar Hill Cemetery Prince Georges, Maryland Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wilhelm Funeral **ADDRESS** 8 Home 4308 Suitland Road, Suitland, Maryland VR A15 (4) 15M 4-64



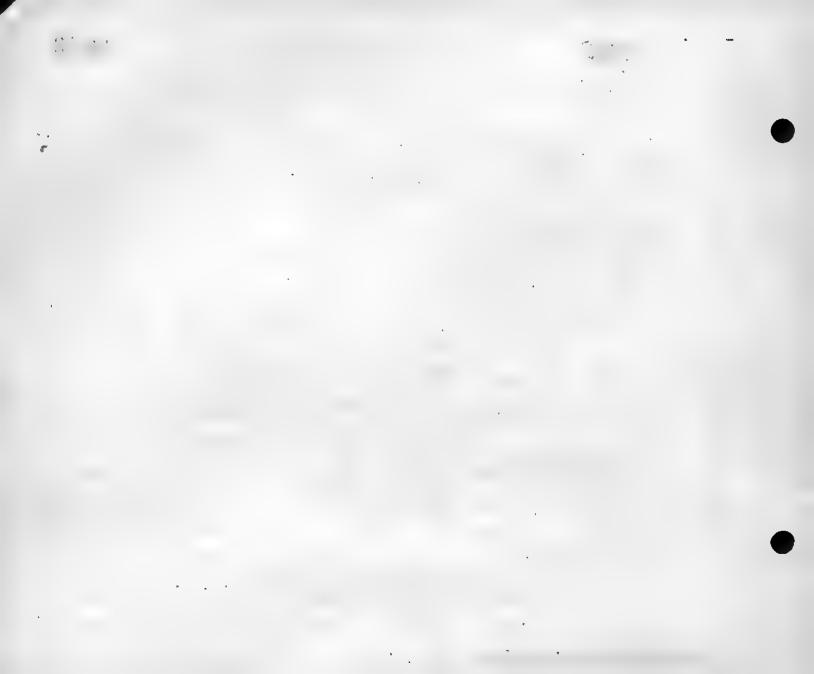
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- I X / \	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
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funeral funeral s 1 and ter death	1	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceosed lived, if o. STATE	f institution. Residence before admission) b (OUNTY)
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irs afte Pages urs afte		write RURAL and give nearest town)		c CITY OR TOWN (If outside corporate limits, in VIAS) in FOR	write RURA, and give nearest town)
nours P by S. Py S. hour	H	A NAME OF HOSPITA. OR INSTITUTION (If not in hosp	2 = 42s	d. STREET ADDRESS 2: 11) - Conne	ctiont Arrolle IS RESIDENCE
filled in popers.		yatts Kille Nuvsina	itol, give street oddress)	Lanc A cond	ALT. 709 YES NO NO
isecte be executed within 24 hours after death. ssicion and completely filled in by the funeral please remove carbon papers. Pages 1 and 2 place in any event, within 72 hours after death.	3.	NAME OF First	Middle N	Lost 4. DATE	Month Doy Year
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e exec ond co remo		WIDON WIDON		L. 30 1497 69	yrs.
	10o สมก	USUA. OCCUPATION (Give kind of work done ng most of working ite, even if retured). THEN CARAPTER (Retired)	DE KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Store, or foreign count	ry) 12 CIT ZEN OF WHAT COUNTRY?
oleas and	13	Stencarapper (Retired)		14. MOTHER'S MAIDEN NAME	4.3,14
physician en please oval, and	10.	Charles Esper		Blanche C. Coe	
ing the ce		WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17 IN	IFORMANT	Address
equires that the deoth certificate be executed within 24 hours after death physician. signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages I and 5 burial, cremation, or removal, and in any event, within 72 hours after death	(Ye	s, no, or unknown) (If yes give wor or dotes of service)	Le	e Johnson-80c-1	7' St. N. W. WASH. DC.
the at		1B. CAUSE OF DEATH (Enter only one couse per lin			INTERVAL BETWEEN
equires that the physicion. signed by the burial-transit burial, cremat		PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	PIVEUMONIA; R	ESPIRATORY ARRE	57 2 ONSET AND DEATH
res t sicio led k al-tr al, ci		Conditions, if ony, which gove) 463	PARKON SONS	DISEASE (SE	VENEC
equires physicia signed burial-ti burial-ti		rise to immediate couse (a), (DILE TO	111.1010 70117	D.3EX3E (3E)	VERE YEARS
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os b n as n as prio	꼳	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION GIVEN IN PART	I(o) 19 WAS AUTOPSY PERFORMED?
Service Control of the Control of th	CATIO	PYELONEPHRITIS; PUS	T OPERATIVE M	MSTECTOMY.	YES NO
PHYSICIAN: The law rather he hospital or ottending this cert frate has been letached for use as the Bept of Health prior to	CERTIFICATION	2Do ACCIDENT WAS UNDERLYING ☐ 2D OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DE DESCRIBE HOW INJURY OCCURRED. (E	Enter noture of injury in Port I or Port II of item	18)
HYSI hosp cer cer spt c			Dd INJURY OCCURRED 2De PLACE	E OF INJURY (Home, form, 20f (City or	town) (County) (Stote)
OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be retained by the hospital or ottending physicion. ITRECTOR: After this cert frate hos been signed by the attending physician e 3 should be detoched for use as the burial-transit permit. Then pleas at with the State Dept of Health prior to burial, cremation, or removal, and	MEDICAL	Hour o.m.	While Not While foctor	ry, street, office bldg., etc.)	(500.1)
DIN by Affrer be Stot		21. 1 certify that (I) (this hospital) of	ttended the deceased fram		12 , 1967, that (I) (we) las
OR: Ould		saw the deceased alive on/_	30/ 1967, and that	death occurred of 35 M, fram c	auses and on the date stated above
ECT Part Worth Worth		220 SIGNATURE	1000.	ATTENDING MED STA	FF 226 DATE SIGNED
DIR DIR Oge		2X. PHYSICIAN'S	refree MD	PHYS DIRECTOR PHY	S LI 2/12/6/
RAIL POR		NAME (Type) HAROLD LV.	DRAPER MO	FILSILUER SPUING	AUE, S. lUER SPYING
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this cert ficate has been signed by director, page 3 should be detoched for use as the burial-transhould be filed with the State Dept of Health prior to burial, creating the state of	230	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY 23d LOCATION (C	ity or Town) (County) (State)
Page of Fred of Shirt		REMOVAL (Specify) Removal 2-15-196	7 Randolph Ce		ph, N.Y.
VR A15 (4) 25M 1/67	J24	Seph Gawler's Sons 130 Wisc. Ave. N.W.	Inc ADDRESS ash DC	250. RECD BY REGISTRAR DATE FEB 1 5 19	236. REGISTRAR'S SIGNATURE
25M 1/67	5	130 Wisc. Ave. N.W.	"ash.DC.	DATE FLD 19	01 7 3







Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. death ero PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY o. STATE **b_COUNTY** Prince George impletely filled in by the tarker arban papers. Pages 1 event, within 72 hours affer MARYLAND law requires that the death certificate be executed within 24 hours after c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town weeks Suntranc B. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS nursing Home Suitland, YES NO M ease remove carban and any event, with 3. NAME OF DATE Middle Month First by the attending physician and campletely ransit permit. Then please regards DECEASED OF Jeb Penninaton (Type or print) DEATH IF JNOER 1 YEAR JF JNDER 24 HRS AGE (In years S SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** (dast birthdoy) Hours WIDOWED DIVORCED dendre 12 CIT ZEN OF WHAT 1Db KIND OF BUSINESS OR 17 BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life even if retired)
Wholesal Nut Products INDUSTRY Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova minoun Janiel Maller 15 WAS DECEASED EVER IN U.S 'ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service Berisley ion. 20.0 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) **burial-transit** burial, cremat PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO signed 1 Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying couse use as the latt although the latternant of the l Page 4 may be retained by the haspital ar attending has been lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use Health NO TO FUNERAL DIRECTOR: After this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Do. ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (Stote) 2Dd INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While ot work of work OR ATTENDIN 21. I certify that (i) (this haspital) aftended the deceased from. 6 director, page 3 should should be filed with the 6 and that death accurred at 6.56/M, from causes and on the date stated above saw the deceased alive on 22pt SIGNATURE 22b DATE SIGNED ATTENDING M.D DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S C. Sombert NAME (Type) LOCATION (City or Town) (Stote) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) BURIAL, CREMATION REMOVAL (Specify) Suitland. Maryland Cedar Hill Cematery **ADDRESS** 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR was the June 1661-Good Hope Rd SE Bros. Wash DO



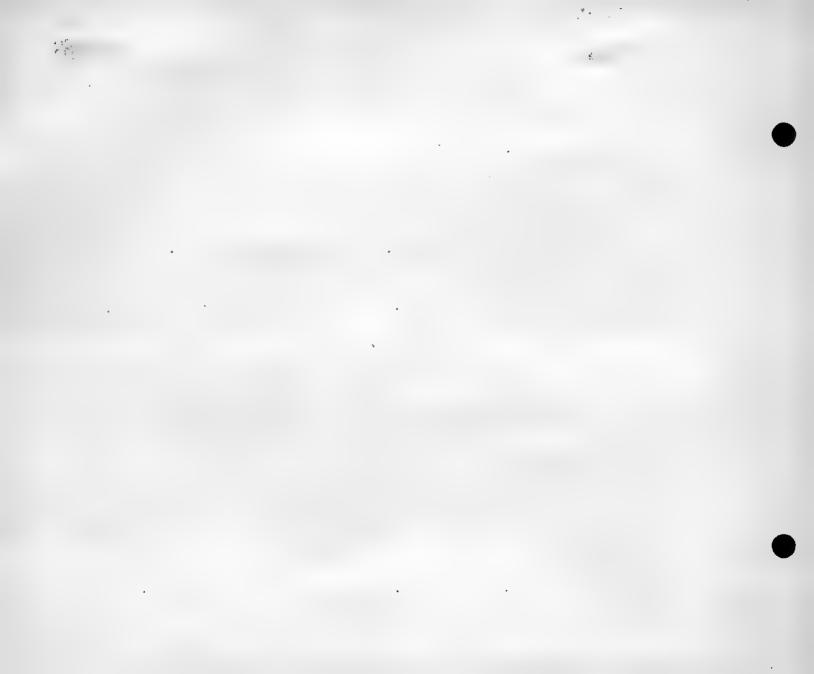
1 I	Items 18&21 Film 389 MARYLAND STATE DEPARTMENT OF HEALTH -19-67 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE	02623 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0261	7					
HEALTH DEP	Prince George's 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before of STATE Maryland Prince George) MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before maryland Prince George)	admission)					
hacrs after death If Givy delay tem 18. Give Pages 1, 2, and 3 Stiftee along with farm PM3. Rag and 2 with the State Department death.	b C.IY OR TOWN (It autside carparate limits, write RURAL and give nearest lown) Cheverly Color Town (It autside carparate in its write RURAL and give nearest lown) Lanham	town)					
If City 2 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	d NAME DF HOSP/TAL DR INSTITUTION (finat in haspita, give street address) d. STREET ADDRESS	S RESIDENCE ON A FARM?					
ages h fa h fa	Prince George's General Hospital 6874 Riverdale Road, Apt. 242 Y 3. NAME OF First Middle Last 4. DAYE Manth Day	Year					
ve Power of the S	OFCEASED (Type or print) Grace Emma Pettengill OF 2 17	4					
hours after death If a litem 18. Give Pages 1, Office along with farm land 2 with the State De is death.	last buthday) Months Days	IF UNDER 24 HRS. Haurs Min					
ours im 1 fice nd2		WHAT					
s s (100 LSJAL OCCUPATION (Give kind of work done Recept From Seven frethred) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) Mass. 12 CITIZEN DF COUNTRYS	,A.					
	13. FATHER'S NAME Lemuel Hicken 14. MDTHER'S MAIDEN NAME Lena ?						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no orunknown) (I yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 108 AMOTE St.						
This certificate should be executed within cate, writing the word "perding" in percil be farwarded to the Chief Medical Example be used as a burial-transit permit. The pare remaval, and in any event within 72 hours or	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)	RVAL BETWEEN ET AND DEATH					
This certificate, writing be farwar libe used remaval, c	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. MAL D SEASE CONDITION GIVEN IN PART 1(a) YES	WAS AUTOPSY PERFORMED? S X NO					
AINER: The certification is shauld be files. 3 shauld be asked by a shauld be	200 EXTERNAL CAUSE WAS 200 DESCR BE HOW INJURY OCCURRED (Enter nature at nurry in Part I or Part I of term 18.) PRIMARY I or CONTRIBUTING CAUSE OF DEATH						
AL EXAMINER: XMECUTE the cert r Page 4 shault for your files. OR: Page 3 show ial, cremation, o	20c TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d INJURY DCCLRED While at wark office bidg., etc) 20e PLACE OF NJJRY (Hame form, foctory, street, office bidg., etc)	(State)					
MEDICAL EXAMINER: This certificate execute the certificate, writhread and another than the farwan tained for your files. DIRECTOR: Page 3 should be used to burial, cremation, or remayal,	death resulted from. Natural causes 🔀 , Aschient 🗌 , Suicide 🔝 , Homicide 🔲 , Lindetermined manner 🗍	in my apinion					
JTY MEL Ty, pleaserd dire be retain RAL DIR	SIGNATURE M.D. ASSISSANT MEDICAL EXAMINER TO DEPJIY MEDICAL EXAMINER TO DEPLIY DEPLI	2. date signed 2–18–67					
TO DEPUTY MEDICAL EXAMIII alecessary, please execute the the funeral director Page 4 si 5 may be retained for your fi 70 FUNERAL DIRECTOR: Page 3 Health prior to burial, crematin	NAME Type John Kehoe M.D., Riverdale, Maryland Address (Street, cty town or county)	(State)					
VR A15ME (5) 6M 1/67	24 FUNERA, DIRECTORY ADDRESS Francis Gasch's Sons Hyattsville, Maryland ADDRESS DATE FEB 2 3 1987 FEB 2 3 1987						



Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. STATE ATVIEND b. COUNTY Prince George's o. COUNTY Prince George's MARYLAND oan papers. Pages 1 Within 72 hours after c, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate I mits, write RURAL and give pearest town 4 days Hyattsville, M d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) the attending physician and completely filled in sit permit. Then please remave carban papers. 3509 Madison Place Prince George's General Hospital YES NO X 4 DATE 3 NAME OF DECEASED Middle Lost Month Doy Year First OF Phipps 1967 Louise Helen February DEATH (Type or print) burial, crematian, ar removal, and in any event IF JNDER 1 YEAR IF JNDER 24 HRS AGE (In years S SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 7 MARRIED Months b rthdoy) Days Hours 6/28/10 White WIDOWED DIVORCED Female 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

1 achine operator 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) **COUNTRY? INDUSTRY** Printing Co. Washington 14. MOTHER'S MAIDEN NAME 13. FATHER 5 NAME Robert E Dove Alice E Murdock 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARRIVED LOCASES (Yes, no, or unknown) (If yes give wor or dotes of service) 218 32 2274 Alice A Phipps Hyattsville, Md. no INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY signed by the burial-transit s ONSET ANO/DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse be detached for use as the State Dept. of Health prior ta last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO E 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While While of work ot work 19 6/, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 2 and that death accurred at 1:50M, from couses and on the date stated above. saw the deceased alive an 225. DATE SIGNED 220. SIGNATURE **ATTENDING** STAFF PHYS. 2/11/67 director, page 3 shauld be filed v M.D. PHYS. 22d. ADDRESS 22E PHYSICIAN'S NAME (Type) Robert B. Sasscer, M. D Upper Marlboro, Md 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (State) 23b. DATE THEREOF (County) 230. BURIAL CREMATION, REMOVAL (Specify) Suitland Pro Geo Md. Feb 14, 1967 Cedar Hill Cemetery 2So REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR F. Gasch's Jons Hyattsville, Nd. 20 M 1/66 4

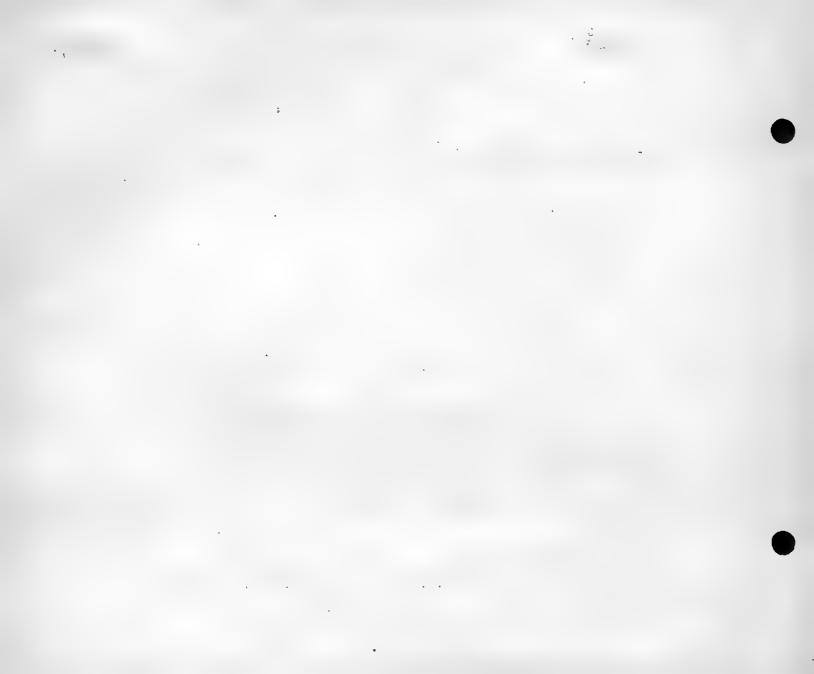


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH 02625 the funeral sages 1 and 2... PHYSICIAN: The law requires that the death contrikate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased fived if institution Residence before admission) PLACE OF DEATH o. COUNTY Frince o. STATE **B** COUNTY reorge Prince Secret Klan and campletely filled in by the fur lease remove carban papers. Pages 1 and in any event, within 72 haurs after i MARYLAND b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest tawn) E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Oron Hill d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Suitland nursing FIGHTE Panarama Orive YES NO M 3 NAME OF 4. DATE Middle First Lost Month Day Year DECEASED (Type or pnnt) OF Sina mullard Feb Trice 19 DEATH please remave car DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost buthdoy) Hours May 4-WIDOWED DIVORCED 12 CITIZEN OF WHAT 100 JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if refired) COUNTRY? INDUSTRY the attending physician isit permit Then please stillwater. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar remaya! anzie S. Snith Jane LicElros IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [If yes give wor or dotes of service] 16 SOCIAL SECURITY NO 17 INFORMANT cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse use as the latter of the prior to be Page 4 may be retained by the haspital ar attending this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c TIME OF INJURY Month, Doy, Year Hour o.m. 20d, INJURY OCCURRED factory, street, office bldg., etc.) Not While at work 10 FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram 3210 200, 1904, ta 3 , 199 (, that (I) (we) last J.60 and that death accurred at 57 to 6M, from causes and an the date stated above 19 07 saw the deceased alive an 300 22b DATE SIGNED 220 SIGNATURE **ATTENDING** Tres M.D. DIRECTOR PHYS. directar, page 3 should be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN'S Sudene orko Lostoolile Que. . NAME (Type) 23d. LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 230. BURIAL, CREMATION, Suitland. Cem. Maryland Washington Nati 25b REGISTRAR'S SIGNATURE 2Sp. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Bros.-1661-Good Hope Rd SE FEB Wash DC rdons

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1 A L

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH 02627 CERTIFICATE death PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and completely filled in by the funeral en please remove carban papers. Pages I and o. COUNTY b. Complince Georges o. STATE Maryland Prince Georges MARYLAND ve carban papers. Pages I event, within 72 haurs after b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Cheverly c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 6 hrs Riverdale e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Tuckerman Street PrinceGeorges General Hospital NO X en please remove carban NAME OF DECEASED Middle 4 DATE Last Year OF DEATH C Feb., 3 67 Marie Reed 19 (Type or print) 5 SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Months Davs Hours burial, crematian, ar remaval, and in any DIVORCED White WIDOWED 11 Dec., 1892 Female 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 GITIZEN OF WHAT U COUNTRY? during mast of warking to even if retired) own nome washington D. C. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Henry W Sprosser Mary A. Maloney 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknawn) ((If yes give war ar dates af service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. University Park, Md. 578 030 187 Alton D Reed the atte perm INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO as the prior tal stating the underlying cause last 19. WAS AUTOPSY PERFORMED? pgs PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use should be filed with the State Dept. of Health YES NO O FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice blda., etc.) Haur o.m Not While at work nt work 1965 to 21. I certify that (I) (this haspital) attended the deceased from The-. 19 6_ (that (I) (we) last saw the deceased alive on tell 5 2 196 and that death occurred at 5 25 My from causes and on the date stated above 22b. DATE SIGNED 22m. SIGNATURE M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Till Bergemann, M.D. Prof. Bldg. Greenbelt, Maryland 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Suitland Pro Geo Md. Cedar Hill Cemetery Burial Feb 6, 1967 2Sb REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) Hyattsville, Md. 967 F. Gasch's bons







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02630 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 6 COUNTY b. COUNTY the Stote Deportment of Prince George's Maryland MARYLAND Prince George's b CITY OR TOWN (f outside corporate limits write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN of guitaide corporate i multa, write RURA, and rive negrest tawn) Cheverly DOA Morningside d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 18. Give Pages 1, 2 g olding with farm Prince George General Hospital 210 Woodland Road NO DO This certificate should be executed within 24 hours after death NAME OF Middle 4. DATE DECEASED (Type or print) 23 IF UNDER 1 YEAR Melanie Robinson DEATH NEVER MARRED 9 AGE (In years 6 COLOR OR RACE B DATE OF BIRTH 7 MARRIED Months lost birthdoy) Dovs 1-14-1948 White 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Georgia please execute the certificate, writing the word "pending" in pencil in director. Page 4 should be forworded to the Chief Medical Examiner's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Alma J. Smallwood Thomas M. Robinson 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT 16 SOCIAL SECURITY NO. Address 2327 Duke St. Mai. Thomas M. Robinson Alexandria, Va. No INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY ONSET AND DEATH ony event IMMEDIATE CAUSE (6) Massive pulmonary embolism DUE TO Phlebo thrombosis - left internal iliac vein days Conditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse crematian, or remayal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o). 19. WAS AUTOPS PERFORMED? YES 🔀 NO Pregnancy - 6 months 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) 3 shauld 4 should b PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20f (City or town) 20c TIME OF NURY Month, Day, Year 20a NJURY OCCURRED 20e PLACE OF INJURY (Home, form (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21 I certify that I took charge of the remains described above, held on Autopsy [x], Inspection X, Inquiry X, ond in my opinion deoth resulted from-Noturo Couses x - Accident/V Undetermined monner Suicide Homicide the funeral directar CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED TO FUNERAL DI ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 1 EXAMINER'S John Kehoe, M.D. Riverdale, Md. You Address (Street, city, town, or county) 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCA" ON (City or Town) Burial Specify Trinity Memorial Gardens Waldorf, Maryland
ADDRESS Alexandria, 250 RECD BY REG STRAK 250 REG STRAKS SIGNATURE 24 FUNERAL DIRECTO VR A 15ME (5) Va. 6M 1/67 Funeral Homés. Inc.

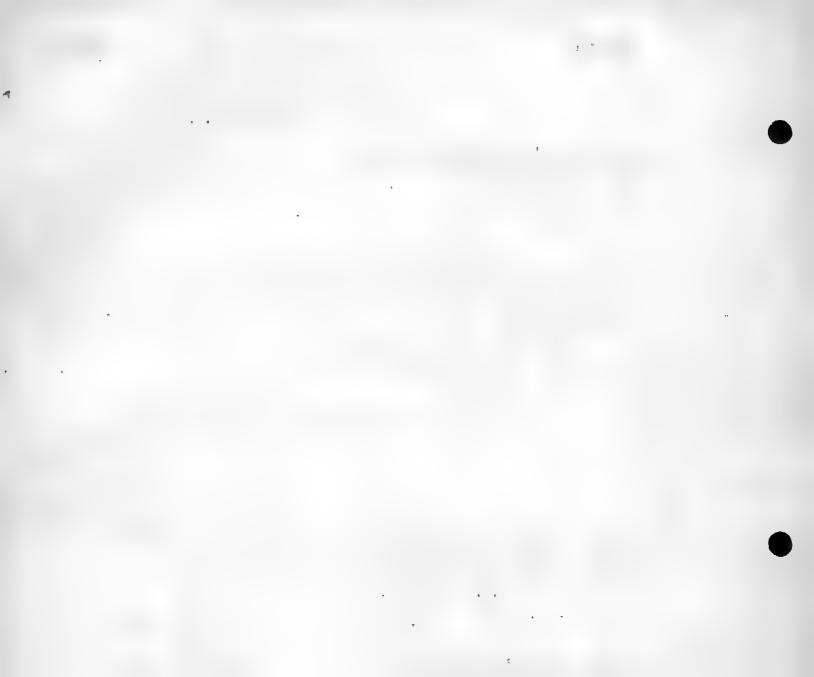


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02631 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) and campletely filled in by the funeral remave carban papers. Pages 1 and deal a. COUNTY o. STATE District of Columbia Prince George MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If guitside carparate limits. c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town Washington mo. 17 days Hvattsvil papers. d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? w.thin 72 Sacred Heart Home, 5805 Queens Chapel Rd. 1908 Florida Avenue, N.W. YES NO TK NAME OF Middle 4. DATE First Month Lost Day Yeor DECEASED Gertrude M. Rogan February 19 67 DEATH (Type or print) IF UNDER 1 YFAR IF UNDER 24 HRS S SEX 9 AGE (In years 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED TO (ost birthday) Manths Days Haurs Female White July 26, 1877 WIDOWED DIVORCED 1Da. USLAL OCCUPATION (Give kind of work dane 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

Bookkeeper INDUSTRY COUNTRY? Seneca Falls, New Yark United States 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal John Rogan Elizabeth Murphy IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address (Yes, na, or unknown) (If yes give war ar dates of service) Sacred Heart Home, Hyattsville, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one cause per ONSET AND DEATH burial-transit PART (DEATH WAS CAUSED BY IMMEDIATE CAUSE (c signed by DUE TO Conditions, if any, which gave rise ta immediate cause (o). DUE TO stating the underlying cause as the prior to b be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS ALTOPSY PERFORMED? for use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 2Do. ACCIDENT WAS UNDERLYING [1] OR CONTR BUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or fown) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED Not While factory, street, office bldoc etc.) 21. I certify that (1) (this haspital) attended the deceased from and that death accurred at M, fram causes and an the date stated above saw the deceased alive on DATE SIGNED 22a. SIGNATURE DIRECTOR 22d ADDRESS 22c. PHYSICIAN S NAME (Type) directar, shauld b 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY , (County) (State) 23g BUR AL CREMATION 23b DATE THEREOF COL UMBKILL 25a REC D BY REGISTRAR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02632 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) Prince George's o. STATE b. COUNTY Tand 2 with the State Department of MARY, AND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b. c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) 13 hours Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? Office along with farm Prince George's General Howpital 5967 Rollins Avenue NO X This certificate shauld be executed within 24 haurs after death. It 3 NAME OF 4 DATE DECEASED 19 67 (Type or print) Clyde Rovce DEATH 5 SEX 8 DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 61 yrs. Manths after death WIDOWE0. DIVORCED white male 1 BIRTHPLACE (State or foreign country) 12. C T ZEN OF WHAT 10e USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR during most at working life, even if retired) UNDUSTRY Construction Maryland USA 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME 72 hours James Henry Royce Louise Hershberger 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war ar dates of service) Maryland the certificate, writing the ward "pending" i 4 shauld be farwarded to the Chief Medical Irma J. Mayhew, 3805 81 Avenue, Forestville 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Gangrene of small bowel IMMEDIATE CAUSE (a) DUE TO In any Thrombosis of superior mesenteric vein ab. 2 hrs. Canditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause and be used 19 WAS AUTOPS PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(g) remaval, PERFORMED? CERTIFICATION NO X 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of tem 18) P PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Hame, farm City or town) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page at wark of work 2). I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry 🖫, and in my opinion death resulted from: Notural souses X Undetermined monner Suicide . Homicide funeral directar CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2-19-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Hea th NAME (Type) John Mehoe M.D., Riverdale, Maryland Address (Street city town or county) 23c NAME OF CEMETERY OF CREMATORY 23d LOCA ON a Hy or 1 wr 23a B RIAI CREMATION Ft. Lincoln Cemetery Prince Georges, Maryland FEB 2 3 196 24 FUNERAL DRECTOR Wilhelm Funeral Home ADDRESS SE REGISTRAR SIGNATURE VR A15ME (5) 6M 1/67 4308 Suitland Road, Suitland, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02633 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)), o. COUNTY o. STATE b. COUNTY Pr. George Marvland signed by the attending physician and campletely filled in by the fur burial-transit permit. Them please remark carban papers. Pages—I burial, crematian, or remayal, and in any event, within 72 hours after Prince Georges MARYLAND r. LENGTH OF STAY IN 16 b CITY OR TOWN (If autside corparate limits, c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Hyattsville 18 mos. Hvattsville. d NAME OF HOSPITAL OR INSTITUTION (If not in hosp tal, give street address) ON A FARM? 1516 Chillium Rd. U922//UdSb/J/Ye/*Ridd*d YES NO 10 Lasalle Road, Hyattsville. NAME OF 4 DATE Lost Month Day Year (Type or print) OF 1967 DEATH Feb Vircinia Ryan IF UNDER 24 HRS S SEX DATE OF BIRTH AGE (In years IF JNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Days Hours Oct. 22, 1884 Female. White 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Registered Nurse-Ret. U.S. Army Baltimore, Md. 14. MOTHER'S MAIDEN NAME William Ryan Ε. Marv 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no or Linknown) [(I yes give wor at dates of service Family Records Ies INTERVAL BETWEEN IB CAUSE OF DEATH (Enter any one couse per line far (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cancer of the Cervix with Metastasis Page 4 may be retained by the haspital ar attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been d far use as the of Health priar ta last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a ACC DENT WAS UNDERLYING . 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Yeor 2Dd. INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or Town) (County) (State) Haur a.m Nat While factory, street, office bldg , etc) O HOSPITAL OR ATTENDING at wark 21. I certify that (I) (this stress test) attended the deceased fram Feb. 28 , 19 66, to Feb. 27 , 1967, that (1) (1) (1) directar, page 3 shauld shauld be filed with the 19 67, and that death accurred at 3:30AM, from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a SIGNATURE M.D PHYS. DIRECTOR PHYS. Feb. 27, 1967 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) Thomas F Collins 322 H St. N.E. Washington, D.C. 23d LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a BURIAL, CREMATION B REMOVAL SPECIFY) 3/2/67 New Cathedral Baltimore Md 25b REGISTRAR'S SIGNATURE **ADDRESS** 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 C.F. EVANS & SON 8802 Harford Rd.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral-should 1. PLACE OF 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) . COUNTY by the and 2 seeth. b. COUNTY Prince George MARYLAND Maryland Prince George b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporele limits, write RURAL and give necrest town) within 24 write RURAL and give negrest town? filled in Pages 1 dav Riverdale Hvattsville filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) hours a d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 3815 Oglethorpe St., papers. n 72 hot completely Eugene Leland Memoral Hospital YES NO X executed 3. NAME OF First Middle DATE Month Yne Day DECEASED OF (Type or print) Mary Ann Taylor Ryder DEATH 67 19 and cor wilhi 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED DATE OF BIRTH 9. AGE (In years HF UNDER I YEAR IF UNDER 24 HRS. death certificate be lest birthday) event, Months Female White 4-28-13 WIDOWED [DIVORCED physician геттоув 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working bia, even if retired)
Ret. Gardner (Flowers) Nurserv Tenn. U. S. A. 9329 .⊑ 13. FATHER'S NAME attending 14. MOTHER'S MAIDEN NAME and Ta Jessie James Jenes killim Mae Pack Then law requires that the removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror dates of service) attending physician. Nø Patient / Husband Hospital Records/ permit. 2. After this certificate has been signed by detached for use as the burial-transit permi 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ŏ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary edema cremation, IMMEDIATE CAUSE (e) hours burial-transit Ventricular tachycardia DUE TO hours Conditions, if any, which (b) geve rise to immediate cause burial **DUE TO** (a), sletting the underlying the hospital or 2 Q PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior Diabetes Mellitus NO 204. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) of Health DIRECTOR: After the 3 should be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) Month, Day, Yeer (County) (State) fectory, street, office bldg., etc.) Not While Hour e.m. et work el work p.m. 21. I certify that (I) (this hospital) attended the deceased from? State M, from the causes and on the date stated above. 2-1 saw the deceased alive on... ..., and that death occurred at OR 22n. SIGNATURE 22b. DATE ATTENDING SIGNED STAFF death. Page 4 HOSPITAL with # DIRECTOR PHY5. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS rector, NAME (Type) C. J. Houmann, M.D. Wueensbury Rd., Riverdale, Md. 23d. LOCATION (City, lown or county) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR JEN (Slete) Jwb S.g. Z REMOVAL (Specify) 6 Ft. Lincoln Cemetery Colmar Manor Maryland 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 196 YR A15 (4) 20M 5-63

418.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02635 and 2 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence campletely filled in by the funeral ave carban papers. Pages 1 and a. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 1h CCITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town). e IS RESIDENC NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ADDRESS within 72 ON A FARM? YES NO 🔽 DATE OF DEATH NAME OF Middle FITS! Month Doy Year DECEASED (Type or print) IF LINDER 1 YEAR IF LINDER 24 ME S. SEX 6 COLOR OR RACE AGE (In years 7 MARRIED NEVER MARRIED lost birthdey) Months Dovs Haurs WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 10n JSHAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) COUNTRY ? during most of wadema life, even if retired INDUSTRY 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO 17 **INFORMANI** (Yes, no, or unknown) (If yes give wor or dates at service 10 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (ط), and (c) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ک DUE TO signed l Canditians, if any, which gave nse to immediate couse (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending ‡ O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) far use Health NO 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item IB.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While of work þ 21. I certify that (I) (this haspital) attended the deceased fram. and that death accurred at 2:32 PM, fram causes and an the date stated above saw the deceased alive on. 220. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 230 BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATE 20 M 1/66

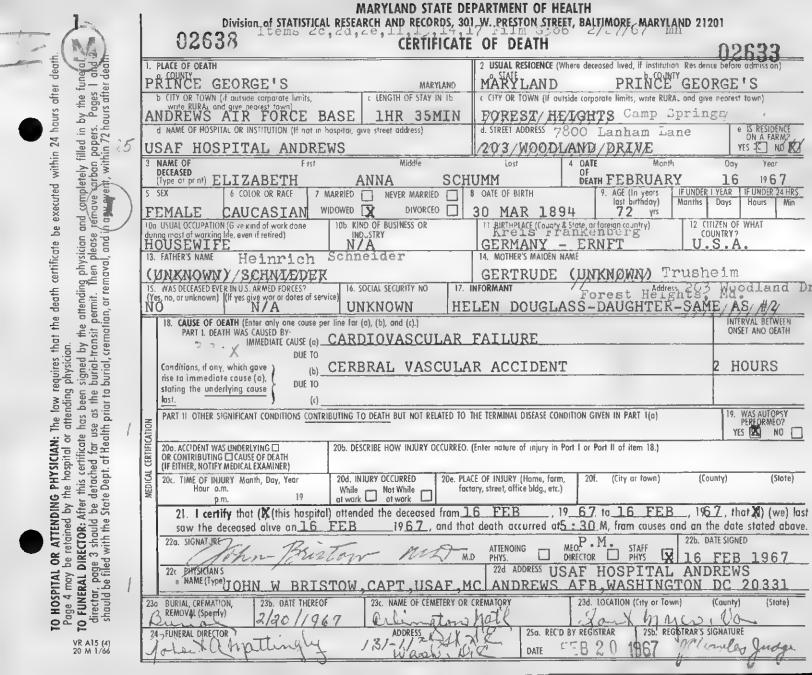


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02636 and campletely filled in by the funeral remove carbon papers. Pages 1 and 2 no many event, within 72 hours after death. requires that the death certificate be executed within 24 havrs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY Pr. Geo. o. COUNTY o. STATE Maryland Prince George MARYLAND b CITY OR TOWN (If autside carparate limits, E. LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Forestville. Maryland Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? A STREET ADDRESS 3217 -- Oak Glen Way S. E. DOA Prince George General Hospital YES NO NAME OF Middle 4 DATE Year DECEASED (Type or print) OF DEATH Feb. 20th SCHLAEFLI EMMA IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE 7 MARRIED EX 8. DATE OF BIRTH 9 AGE (In years NEVER MARRIED last pirthday Months Days Hours Jan. 26-1890 WIDOWED Female White 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDHSTRY COUNTRY? Switzerland Switzerland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Friedrich Gottlieb Schaefli Emma Raumgartner signed by the attending burial-transit permit. Th 15. WAS DECEASED EVER IN t. 5. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT John Schlaefli- Husband-Same as Item #2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave nse to immediate cause (a), DUF TO stating the underlying couse has been s last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Arterio-selevatri- Le n à NO XX O FUNERAL DIRECTOR: After this certificate į 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH detached te Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) Pr 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Haur a.m factory, street, office bldg., etc.) Nat While at wark State [at wark α 21. I certify that (I) (this haspital) attended the deceosed from_____ 4,30 ,1963, to 2, 2, 1967, that (1) (we) last 2, 20 19 67, and that death occurred at 15 of M, from couses and an the date stated obave. saw the deceased alive an____ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING 40 Feb. 21-1967 PHYS. director, page 3 shauld be filed v M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME(Type) Dr. Bahram 3003-Naylor Rd SE Wash. DC Bahrami 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF (State) REMOVAL (Specify) Feb. 1967 Cedar Hill Cemetery Suitland. and Mary land 2So. REC'D BY REGISTRAR 24-EUNERAL DIRECTOR DATE FEB 23 Simmons Bros. 1661-Good Hope Rd SE Wash DC



	1	Division of STATISTICA	MARYLAND STATE DEP L RESEARCH AND RECORDS, 301	PARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE,	MARYLAND 21201
		02637	CERTIFICATE	OF DEATH	00000
executed within 24 haurs after death nd completely filled in by the funeral genave carban papers. Pages 1 and 2 any event, within 72 haurs after deam	/ T.	PLACE OF DEATH a. COUNTY Prince George	MARYLAND	USUAL RESIDENCE (Where decensed lived, o. STATE Maryland	if institution: Resident problem from b. COUNTY Prince George
s after the f		b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits,	
4 haur	\vdash	Clinton d NAME OF HOSPITAL OR INSTITUTION (If not in I	hospitol, give street oddress)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
ithin 2 y fillecan myfilin		Pi ne View Gardens Hea	lth Care Center Middle	Rt. 1 Box 295	Month Doy Year
uted w mpfetel e carb	5.	DECEASED (Type or print) Mabel Tren SEX 6. COLOR OR RACE 7.7		DATE OF BIRTH 9. AGE (III	rua.rv 1, 1967 19 n yeors FUNDER 1 YEAR IF UNDER 24 HRS. rhdoy) Months Doys Hours Min.
e exect and co	106	L SUAL OCCUPATION (G ve kind of work done	JOB KIND OF BUSINESS OB	an: 25, 1896 71	yrs 12. CIT ZEN OF WHAT
icate be exectsician and coplegie remain		ing most of working life, even if retired) HOUSEWITE FATHER'S NAME	Dind Stry Domestic	Washington, D.C.	COUNTRY? American
rertiff ng phy Then smava	15	William F. Goddard	16. SOCIAL SECURITY NO. 17, IN	Cora Owens	Address
he death certifi a attending phy permit. Then tion, ar remava	(Ý	es, no, or unknown) (If yes give war or dates of services)	Pi	ne View Gardens Heal	th Care Center
quires that t physician. signed by the bunal-transit burial, crema		IB. CAUSE OF DEATH (Enter only one couse per PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Clarder viesces	ularene des arleno des	INTERVAL BETWEEN ONSET AND DEATH 1 3 haves
Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health priar ta	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTR	= 		AES NO PE
rsician uspital certifical red far t. af He	L CERTIFICATION	20o ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter noture of injury in Port I or Port II of ite	
JING PHYSI by the hast (frer this cer be detache State Dept.	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour a.m. p.m. 19		E OF INJURY (Home, form, ry, street, office bldg., etc.)	r town) (County) (Stote)
FENDIN ned by R. Afte tuld be the Sto		21. I certify that (I) (this haspita saw the deceased alive an	l) attended the deceased fram	death accurred at 9:3/A/John	causes and an the date stated abave
D HOSPITAL OR ATTENDING PHYSICIAl Page 4 may be retained by the haspital D FUNERAL DIRECTOR: After this certific director, page 3 should be detached fa should be filed with the State Dept. af H		220. SIGNATURE	Lapen in GMO	ATTENDING MED. ST. PHYS DIRECTOR P	AFF 22b. DATE SIGNED Feb. 1st 67
PITAL I may b ERAL D nr. paga Jbe file		22c. PHYSICIAN'S NAME (Type) Alfred R. L		Clinton Marylan	
O HOSPITAL Page 4 may O FUNERAL director, pag shauld be fil	23	o. BURIAL (REMATION, REMOVAL (Specify) Feb. 4th19		setery Suitlar	id, Maryland
VR A15 (4)	2	4. FUNERAL DIRECTOR Summers Braz	ADDRESS Helps	250, REC'D BY REGISTRAR PATE TO 3 191	25b. REGISTRAR'S SIGNATURE
			17/1	INER OF Y	y y





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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 112634 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death funeral 3 3 and and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Pr. Geo. Prince " Maryla nd Geo. MARYLAND van papers. Pages 1 within 72 haurs after b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)

Lan nam and completely filled in by the famous carban papers. Pages c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 wks. 2 days Mt. Rainier d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENC ON A FARM? 3001 -Taylor Magnolia Gardens Nursing Home NO X 3 NAME OF Middle DATE Year Lost Month Doy DECEASED (Type or print) Feb. 16 67 M. Seymore 19 Anna DEATH IF UNDER 1 YEAR IF JNDER 24 HRS. S SEX DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED ry last birthdoy) Months Doys Hours Female White 7/22/1893 WIDOWED [2] DIVORCED 10o JSUAL OCCUPAT ON (Give kind of work done TOB. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, every fretired)
HOUSOWITO **INDUSTRY** U.S.A. by the attending physician ransit permit. Then please dnd Rhode Island 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova Emma Plante John Harris IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Mr.Geo.W.Seymore, Jr. (above address) None crematian. Son) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I, DEATH WAS CAUSED BY: ONSET AND DEATH **burial-transit** IMMEDIATE CAUSE (o) DUF TO this certificate has been signed latached for use as the burial-to e Dept. af Health priar to burial, c Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL DISFASE CONDITION GIVEN IN PART 1(a) NO YES T detached for u te Dept. af Heal 20₀. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) State Dept. (State) 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) ot work ot work 21 I certify that (I) (this haspital) attended the deceased fram director, page 3 shauld shauld be filed with the TO FUNERAL DIRECTOR: and that death accurred at fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED STAFF M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIÁN S NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION. (County) (Stote) 2/20/67 Fort Lincoln Com. Colmar Manor. ADDRESSMt . Rainier 250. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR Nallovs VR A15 (4) 20 M 1/66 Funeral Home Inc. Marylan d



1 1	1	MARYLAND STATE DEPARTMENT OF HEALTH
: (FN)		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
death.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
the fu	_	unce Subra MARYLAND MARYLAND MARYLAND B. COUNTY Subra
s af by th	1	b. CITY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
24 hours filled in brapers. Pagers. Pagers.	10	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 0. IS RESIDENCE
filler paper	5	504 Sargert Road 5504 Sargert Road YES NOW
executed within rand completaly remove carbon in any event, with	3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF THE COLUMN TO DE COLUM
red me	<u>5</u> .	(Type or print) SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (in years Funder 1 year Funder 24 Hrs. Jast birthday) Months Days Hours Min.
kecul	1	male while widowed Divorced April 20, 1900 66 yrs. Months Days Hours Min.
siap of residual	du	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR INDUSTRY. 12. CITIZEN OF WHAT COUNTRY!) 12. CITIZEN OF WHAT COUNTRY!
ate hysic plea	13	FATHER'S NAME 14. MOTHER'S MAYDEN NAME
ntific ng p Then mov	1	ANTONIO SGro Josephine ArENA
h ce tendi iit. '	1! (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Lena Sqro Address 5504 Sargent Rd.
deat ne at perm lion,	-	NO None 378010700 PXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
The law requires that the death certificate be or attending physician. The las been signed by the attending physician ruse as the burial-transit permit. Then please saith prior to burial, cremation, or removal, and		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: DASET AND DEATH CAUSE (a)
that sicia sicia sined al-tra		1/2/
ires phy buri		conditions, If any, which gave rise to Immediate (b) Best ness game (allergames) 5M65,
nding bee		cause (a), stating the DUE TD
atter atter has se as ch pri	NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
if or the strength of the stre	FICAI	YES ND A
PHYSICIAN: The law requires that the hospital or attending physician. this certificate has been signed by detached for use as the burial-transe Dept. of Health prior to burial, crea	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYS the h this detac	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
ING by there be compared to the compared	MED	p.m. 19 at work at work
OR ATTENDING be retained by INRECTOR: After ge 3 should be	1	21. I certify that (I) (this hospital) attended the deceased from NOV, 1962, to 1967, that (I) (web-last saw the deceased alive on 1967, and that death occurred at 1927M, from the causes and on the date stated above.
R LECT (S S sh with with		22a. SIGNATURE 22b. DATE SIGNED
ay be DIRE		M.D. ATTENDING MED. STAFF DIRECTOR STAFF DIRECTOR DIRECTO
TO HOSPITAL OR ATTENDING PHYSICIAN, The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completuly filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 41, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after.	/	22c. PHYSICIANS LANGE PROPERTY (PARLYON) 22d. ADDRESS 8811 Cole SV, He Rd, S. Ner Spring
Page FUI direc	23	REMOVAL (Specify)
	24	Burial Peb 15, 1961 Fort Lincoln Cemetery Prince Georges Co., Md.
VR A15 (4)	Ih	John B. Thomas Joseph 200 Silver 8434 Ga. Avenue DATE FEB 16 1967 Garage
20M 1/65	124	Color C. I range vory . The Driver Spring . The

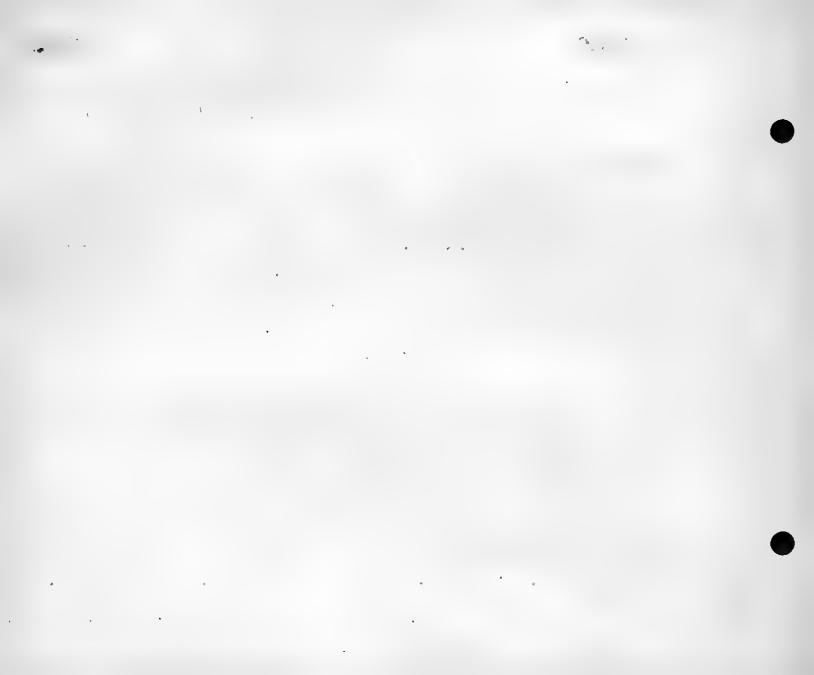


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission 1 PLACE OF DEATH o. COUNTY o._STATE lay is And 2 with the State Department of Prince George's Maryland MARYLAND b (TY OR TOWN (If outside corporate limits, c CITY OR TOWN (if outside corporate limits, write RURA, and give nearest town) c LENGTH OF STAY N 1b and write RURAL and give nearest town) DOA Baltimore Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospitoligive street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Office along with farm 3411 Kimble Road YES NO DO Item 18. Give Pages Prince George General Hospital This certificate shauld be executed within 24 haurs after death 3 NAME OF Midd e 4 DATE Lost Month Doy DECEASED 0F Shevitz 19 67 (Type or print) Benjamin DEATH 7 MARRIED ... 9 AGE (In years IF UNDER 1 YEAR 1F UNDER 24 HRS 5 SEX 6. COLOR OR RACE 8 DATE OF BIRTH NEVER MARRIED lost birthdov) Months Dovs Hours WIDOWED DIVORCED any event within 72 haurs after death 9-1-1905 Male White 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR COUNTRY? INDUSTRY Furniture Lithuania
14. MOTHER'S MAIDEN NAME pending" in pencil in ef Medical Examiners Salesman

13 FATHER'S NAME pencil pad **Yetta** Philip Shevitz 17 INFORMANT 15 WAS DECEASED EVER IN ... 5 ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (It yes give war or dates of service) Mrs. Jean Shevitz. 3411 Kimble Road #7 No INTERVAL BETWEEN IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH writing the ward "pe PART 1. DEATH WAS CAUSED BY IMMEDIATE (AUSE (6) Heart failure Arteriosclerotic heart disease over 10 yrs be farwarded to the Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be used or removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? CERTIFICATION 2 please execute the certificate, NO X 2Do EXTERNAL CAUSE WAS 2Db DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Part II of item 1B.) 0 PRIMARY | or CONTRIBUTING | 4 should CAUSE OF DEATH crematian, MEDICAL 20f (City or town) 20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm Hour o.m. Not While foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Poge of work of work Page . Inspection 🛣 Inquiry X. 21 I certify that I took charge of the remains described above, held an Autopsy [7], and in my apinian death resulted fram Natural Layses 🗶 Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ro FUNERAL DI Health prior t ASSISTANT MEDICAL EXAM NER SIGNATURE DEPUTY MEDICAL EXAMINER 2-23-67 Riverdale, Md. NAME Type) John Kehoe, M.D. Address (Street city town, or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATI 23b DATE THEREOF 23d LOCATION (City or Town) REMOVAL (Spe Anshe Emurah-Aitz Chaim Baltimore Maryland 24 FUNERAL DIRECT VR ATSME Chay pa 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02642 CERTIFICATE OF DEATH death. law requires that the death certificate be executed within 24 haurs after death signed by the attending physician and completely filled in by the funeral burial-transit permit. It is been emove carbon papers. Pages I and burial, cremation, at femoval, and in any event, within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY Prince George Prince George MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town)
Riverdale 6 days (College Park) Hyattsville d STREET ADDRESS B IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Eugene Leland Memorial Hospital 3707 Campus Drive YES 🔲 NO T 3 NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED William Grover Shipley February 19 67 (Type or print DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE NEVER MARRIED X B DATE OF BIRTH AGE (In years 7 MARRIED lost birthdoy) Months Doys Hours 11-14-1884 W hite M ale DIVORCED WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY INDUSTRY Maryland Carpenter 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME nniaAllie/Phelps Lemuel Shipley WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (es, no, or unknown) (If yes give wor or dotes of service) Medical Record/brother-in-law INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per lipe-for (o), (b) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO te has been s use as the talth prior to b stoting the underlying couse lost WAS ALTOPS' PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) this certificate 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) foctory, street, office bldg, etc.) Hour om ot work at work O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram. and that death occurred at 122 M, fram causes and on the dote stoted above. sow the deceased olive on_ 22b. DATE SIGNED 220. SIGNATURE DIRECTOR . M.D. PHYS PHYS director, page should be filed ADDRESS 22c PHYSICIAN'S Etienne. M.D. 4713 Berwyn Rd., College NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL, CREMATION, (County) (Stote) Bur MAYAL (Specify) 2/22/67 Colmar Manor P.G. Ft. Lincoln Md. 2Sb REGISTRAR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Francis Gasch's Sons Hyattsville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02643 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Prince George's b (TY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Riverdale MARYLAND with the State Deportment c City OR TOWN (If outside corporate limits, write RURAL and give negrest town) C LENGTH OF STAY IN 16 DOA Laurel d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? along with form Eugene Leland Memorial Hospital Rt. 2 Box 151 Wash. Blvd. YES T NO 🖂 8 Give Poges be executed within 24 haurs ofter death 3 NAME OF Middle 4 DATE Day DECEASED James Albert Shorter February (Type or print) DEATH S SEX 8 DATE OF BRITH AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED TOTAL NEVER MARRIED lost birthdoy) Months Days October 27, 1906 male white WIDOWED D VORCED within 72 hours ofter death 100 USUA, OCCUPATION (Give kind of work done during most of working life leven if retired) 11 B RTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT 10b K ND OF BUSINESS OR ANDUSTRY COUNTRY ? MEChanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Med col Examine in pencil Kader 16. SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, pr unknown) (If yes give wor or dates of service IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH in ony event H eart failure IMMED ATE CAUSE (a). forwarded to the Ch the certificate, writing the word This cert ficate should DUE TO Canditions, if any, which gave Arteriosclerotic heart disease unknown rise to immediate cause (a). DUE TO stoting the underlying cause 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) removol, NO be 200 EXTERNAL CAUSE WAS 20b DESCR BE HOW NURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) 3 should PRIMARY C or CONTRIBUTING C CAUSE OF DEATH 20c T.ME OF N. JRY Month, Day, Year Hour a.m 20d NJURY OCCURRED 20e PLACE OF NJURY (Home, form 20f (City or town) (County) While Not While of work factory, street, affice bldg., etc.) of work 21 I certify that I took charge of the remains described above, held on Autopsy , Inspection [x], Inquiry 😾 and in my opinion moy be retained for FUNERAL DIRECTOR: Morurol couses 😿 / Accident 🗍 Suicide Homicide death resulted from: Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE 2-4-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** AdRisvarda Jew Mdury John Kehoe, M.D. Heolth NAME (Type) 23d LOGATION (City or Town) 23b DATE THEREOF (County) 0 2So. REC'D BY REGISTRAR OSB RIGISTRARS FUNERAL DIRECTOR VR A15ME (5



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02644 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH physician and completely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) O COUNTY Prince George's Mary Land Prince George's MARYLAND b (ITY OR TOWN (f outside corporate limits, write RURAL and give nearest town)

Cheverly, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 please remove carbon papers. Pag and in any event, within 72 haurs DOA Bowie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Road Prince George's General Hospital Route #1, Box 203-Hillmeade NO A 3 NAME OF 4 DATE William owsburv DECEASED Feb. (Type or print) DEATH 26 19 67 S. SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last oirthday) Hours 11/29/16 White Male WIDOWED DIVORCED Commission 100 USUAL OCCUPAT ON (Give kind of work done 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? New York 13. FATHER S NAME 14. MOTHER S MAIDEN NAME signed by the attending phy burial, cremation, ar remay Jerimiah Chas. McCauley Shrewsburt Martha Pinchbeck WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address me as Item (If yes give wor or dates of service) Mrs. Emily Shrewsbury-CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART 1. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH CONGESTIVE IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. ATERIOSCLEKOTIC HEAKI Canditions, if any, which gove rise to immediate couse (a). DUE TO far use as the b Health priar tab has been stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION directar, page 3 shauld be detached far use shauld be filed with the State Dept. af Health O FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Caunty) (State) Hour am. foctory, street, office bldg , etc.) Not While at work at wark 21. I certify that (I) (this haspital) attended the deceased fram June saw the deceased alive an 2/26 1967, and that death accurred at 10 32 M, fram tauses and an the date stated above. 22n SKSNAZUR 22b. DAJE SIGNED **ATTENDING** M.D. PHYS DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Norman 23d LOCATION (City or Town) 23a BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) Burial (Specify) Trinity Cometery Upper Marlboro 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 256 REGISTRAR S. SIGNATURE VR A15 (4) Ritchie Bros. Upper Marlboro. Md. 1967 20 M 1/66

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should, 1. PLACE OF DEATH B. COUNTY P 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission hours 후 rince Georges b. COUNTY Pr. Maryland MARYLAND Geo fs and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) executed within 24 write RURAL and give nearest town filled in the RURAL-Upper Marlboro 25 yrs.

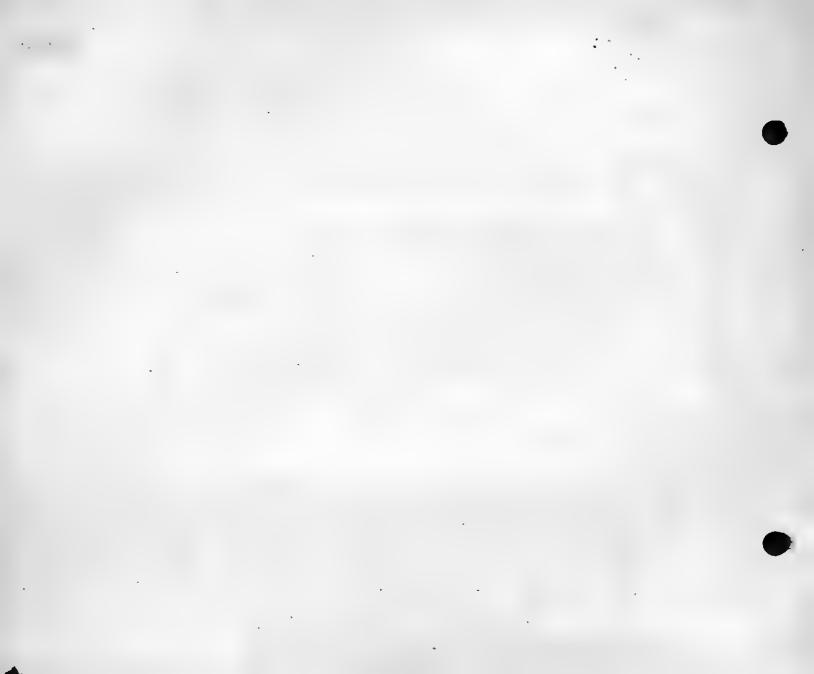
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give dreet eddress) RURAL-Upper Marlboro filled i d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box 3130 Box 3130 completely papers. n 72 ffe YES NO K 3. NAME OF Middla 4. DATE Year Month DECEASED OF c (Typa or print) February DEATH 67 withi 19 carbon 6. COLOR OR RACE physician and DATE OF BIRTH AGE (In years | IF UNDER I YEAR event last_birthday) Months Male April 10. 1892 WIDOWED [гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY done during most of working tife, avan if retired Tobacco Farming U. S. A. Own Farm Virginia please 2. 13. FATHER'S NAME attending 14. MOTHER'S MAIDEN NAME and Charles William Skillman Annie Virginia Newton Then removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Same (Yas, no, or unkown) (If yes give war or detex of service) as Item Ruby Josephine Skillman-#2. Yes 5/26/18-5/21/19

18. CAUSE OF DEATH [Enfar only one cause per line for (e), (b), and (c).] Yes permit. attending physician. After this certificate has been signed by INTERVAL BETWEEN 9 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit 443X **DUE TO** Conditions, if any, which gave rise to immediate cause burial, **DUE TO** (a), stating the underlying DIRECTOR: After this cerminal by the Land be detached for use as the Land by detached for use as the Land by the L the hospital or causa fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO DE 20a ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by MEDICAL 20c. TIME OF INJURY Month, Day, Yesr 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, ! 20f, (City or town) (County) (Stelle) factory, street, office bldg., etc.) Hour a.m. Not While al work at work 21. I certify that (I) (this hospital) attended the deceased from.... ..., 1947, that (I) (we) last .A.M., from the causes and on the date stated above. 224/ SIGNATURE page 3 s with the ATTENDING SIGNED MED STAFF HOSPITAL FUNERAL 図 PHYS. DIRECTOR PHYS. Page 22d. ADDRESS 22c. PHYSICIAN'S TO FUNE director, p NAME (Type Clark Holmes. Upper Marlboro. Maryland death, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Specify) Waldorf. Maryland REGISTRAR'S SIGNATURE 256. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 [4] Ritchie Bros. Fun 1 Home-Upper Marlboro . MOATE 20M 5-63

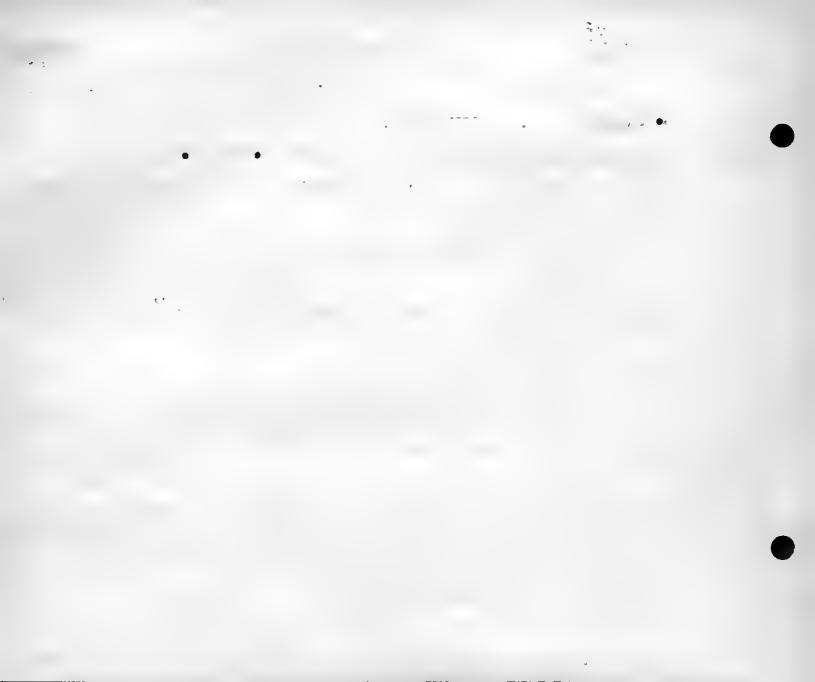


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02647 The law requires that the death certificate be executed within 24 haurs after death death nd completely filled in by the funeral femave corban papers. Pages 1 and any event, within 72 hours after deal PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission Prince Georges Frince Georges Mar land MARYLAND b. C TY OR TOWN (If outside corporate limits, c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest fown) c LENGTH OF STAY IN 16 write RLRAL and give negrest town)
Riverdale College Park d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM Eugene Leland Nemorial Hospital 5023 Geronimo St. YES TO NO TH 3. NAME OF First Lost 4 DATE Month Dev Year DECEASED Thais B. Smith 2-17-19 67 (Type or print) DEATH IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years ost birthday) Manths White DIVORCED 7-17-08 WIDOWED FeMale the attending physician and sit permit. Then please fem 10a ESUAL OCCUPATION (Give kind of work done during most of working life; even if retired) 12 CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 1), BIRTHPLACE (County & State, or Foreign country) COUNTRY a Wat STRY ome S Wisconsin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Bennett Catherine Cassidy 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address Medical Record/spouse INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-transit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gave rise to immediate cause (a), **DUE TO** stating the underlying couse as the priar tak has been last. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO this certificate be retained by the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg . etc.) Haur n.m. Not While While at work at wark O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from____ 19 7, and that death occurred at M. from causes and on the date stated obove sow the deceased alive on 22b. DATE SIGNED 22a SIGNATURE ATTENDING M.D. DIRECTOR PHYS director, page should be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL, (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATION 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Dodgeville Wisconsin Feb 21, 1967 St Joseph's catholic ADDRESS 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 F. Gasch's Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY a, STATE b. COUNTY and completely filled in by the i remove carbon papers. Pages I any event, within 72 hours after hours after Maryland Prince George's Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL end give nearest town) Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 38 days College Park, Maryland e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO [Prince George's General Hospital 4811 Navahoe Street YES executed within 3. NAME OF DATE Month Day Year Middle DECEASED (Type or print) DEATH Feb 26 1967 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIEDXX NEVER MARRIED last birthday) Months Hours Days 3/9/1918 Colored WIDOWED DIVORCED <u>Female</u> 10a. USUAL OCCUPATION (Give kind of work done) physician an please r and in 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be during most of working life, even if retired) COUNTRY? INDUSTRY FATHER'S NAME or removal, been signed by the attending plane the burial-transit permit. Then or to burial, cremation, or remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address (Yes, no, or unkewn) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that ti the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO enu Conditions, if any, which (b) gave rise to immediate has been as the b prior to DUE TO (a), stating underlying cause last, (C) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY O FUNERAL DIRECTOR. After this certificate had director, page 3 should be detached for use should be filed with the State Dept. of Health is PERFORMED? YES NO 20a, ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While DR ATTENDING be retained by TENDING. p.m. at work at work 21. I certify that W (this hospital) attended the deceased from and that death occurred at 145 saw the deceased alive on _M, from the causes and on the date stated above. 22a. SIGNATURE 22b. ATTENDING STAFF DIRECTOR M.D. PHYS. PHYS. Page 4 may HOSPITAL PHYSICIAN'S 22c. ADDRESS NAME (Type) Frederick Wilhelm. 23a. BURIAL CREMATION. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 25a. REC'D BY REGISTRAR VR A15 (4) 15M 4-64







Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02651 death. low requires that th≡ deoth certificate be ≡xecuted within 24 hours after d≡ath physician ond completely filled in by the funeral an please remove corbon papers. Pages 1 and ovol, and in any event, within 72 hours after death USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss 1. PLACE OF DEATH a SOUNTY INEL DEORGE'S PRINCE MARYLAND C.TY OR TOWN (If autside corporate whits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c EITY OR TOWN (if putside corporate limits, write RURAL and give negrest town hevER14 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES 🗍 Middle DATE DECEASED (Type or print) OF DEATH 19 6 / S SEX YEAR DATE OF BIRTH AGE (in years IF UNDER 1 IF UNDER 24 HRS lost birthday) WIDOWED DIVORCED 10o USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT **INDUSTRY** COUNTRY? Housewife Washington D. C. USA own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bernard J Gallagher Alice Bell 1S WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address William V Stevens Myattsville, Md. no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) INTERVAL BETWEEN buriol-transit ONSET AND DEATH DUE TO Conditions, if any, which gave) rise to immediate couse (o), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING Page 4 may be retained By the Cospital 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. foctory, street, office bldg., etc.) ot work 21. I certify that (1) (this hospital) attended the deceased from 1 - 3 i 19 67 to 2 - 4 19 6 /that (I) (we) last 19 47, and that death accurred at M, from causes and on the date stated above. saw the deceased alive on 2 -22o. SIGNATURE **ATTENDING** diractor, page 3 should be filed v M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) A Deits Hyattsville. Maryland. 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 230 BURTAL, CREMATION, (County) (Stote) REMOVAL (Specify) Feb 8, 1967 Ft Lincoln Cemetery Colmar Manor Pro Geo Md. **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Hyattsville, Md. F. Gasch's Sons



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #8 MEDICAL EXAMINER'S CERTIFICATE OF BEATH 02652 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY a STATE of 0 Prince George's MARYLAND Maryland Prince George's the State Deportment b CITY OR TOWN (if outside corporate limits write RURAL and give nearest town) c CITY OR FOWN (If outside corporate I m ts, write RJRAL and give nearest town) c LENGTH OF STAY IN 1b Hyattsville
d STREET ADDRESS Cheverly DOA

d MAME OF HOSPITAL OR INSTITUTION (finot in haspita, give street address) DOA S RESIDENCE ON A FARM? Office along with form NO 🗶 Give Poges YES Prince George General Hospital 7250 Glen Ridge Drive This certificate should be executed within 24 haurs after death 3 NAME OF 4 DATE OF M-ddle Lost Doy Year DECEASED (Type or print) Albert Stickell DEATH Hunter FUNDER 1 YEAR DATE OF BIRTHIN 9 AGE (In years 6 COLOR OR RACE F UNDER 24 HRS 7 MARRIED NEVER MARRIED birthdoy) Months Days Hours in Item 18. WIDOWED DIVORCED White Male 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BLS NESS OR 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT during most of working ite, even if retired) Construction in any event within 72 hours ofter Pro Geo Md icate, writing the ward 'pending' in pencl in be forwarded to the Chief Medical Exominer's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Joseph Lester Stickell Alice E Winslow 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes no, or taknown) (If yes give wor or dotes of service) 212 28 8226 Betty L Stickell Myattsville. Md. INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) PART DEATH WAS CAUSED BY IMMEDIATE CALSE (0) Acute pulmonary edema writing the ward DLE TO Coronary artery occlusion, right and left coronary Conditions, if ony, which gove arteries. rise to immediate couse (o), DUE TO Coronary arteriosclerotic heart disease stoting the underlying couse ond OS pe nsed cremotion, or removol, PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? YES 🔀 20o EXTERNAL CAUSE WAS 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) 3 should should b PRIMARY Ell or CONTRIBUTING I CAUSE OF DEATH. MEDICAL 20e PLACE OF NJURY (Home, form 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. may be retained for your FUNERAL DIRECTOR: Poge ot work at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 3 Inquiry 😿, ond in my opinion Noteral causes of Accident . funeral directar. death resulted from: Suicide Homic de Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 5 may be ret TO FUNERAL D Health prior 1 ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S John Kehoe, M.D. Riverdale, Md. 2-13-67 Address (Street, Gty town or county) 23c NAME OF TEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (" ty or Town" (Stote) 230 BURIAL, CREMATION (County) REMOVAL ISpectly Ft Lincoln Cemetery Manor Pro Geo Md. Feb 15, 1967 Colmar 2Sb REGISTRAR S S GNATURE 24 FLNERAL DIRECTOR 2Sq REC D BY REGISTRAR VR A15ME (5) (Charley Judge F. Gasch's Sons Hyattsville, Md. 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02653 death. he law requires that the death certificate be executed within 24 haurs after death. by the funeral Pages 1 and 2 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY gish and campletely filled in by the fun sesse remove carban papers Pages I and in any event, within 72 hours after a MARYLAND outside corporate limits CLENGTH OF STAY IN 16 Land give necrest town) Verdo d NAME OF HOSP,TAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? Hospital NO Z GONORAL 3 NAME OF DECEASED (Type or print) First Middle DATE Lost Franciscus 19 67 DEATH 8 DATE OF BIRTH IF UNDER 1 YEAR IF JNDER 24 HRS AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED lost birthdoy) Months WIDOWED DIVORCED Jan 28, 1915 IT SINTHINAST (QUAY & State or foreign country) 12 CITIZEN OF WHAT 1Da JSUAL OCCUPATION (Give kind of work done IDB KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired)
Pressman INDUSTRY Castleton, N.Y. U.S. Government 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Franciscus Stolp Whilmenia Vanderhorst the attending to IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address burial-transit permit. (Yes, pp. or unknown) (If yes gaye war or dotes of service) Same as #2 (wife) 111 01 6417 Jean Stolp INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), 15) large (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been d far use as the af Health priar ta lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 19 WAS AUTOPSY PERFORMED? IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200 APCI DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dc TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.). Not While ot wark ot work 21. I certify that (I) (this hospital) attended the deceased from___ 100.28 1967, to Ted. 11 . 1967, that (I) (we) last 1967, and that death occurred at 740P M, from causes and an the date stated above sow the deceased alive on Tel 22b. DATE SIGNED 22o. SIGNATURE MED DIRECTOR ATTENDING M.D. PHYS 22d ADDRESS Capital Heights, Md. 22c. PHYSICIAN'S Peter Duus NAME (Type) 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CHEMATORY 230 BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) By REMOVA' (Specify) 2/15/67 Mt. View N.Y. Castleton Rensselaer 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE FEB Francis Gasch's Sons Hyattsville, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY GEORGES b. COUNTY MARY! AND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 write RJRAL and give negrest town FORES TUILLE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS REGENT NURSING + NAME OF 4. DATE DECEASED OF DEATH Knoeller S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (in years lost birthday) WIDOWED DIVORCED IOB. KIND OF BUSINESS OR INDUSTRY GOD T 10a JSUAL OCCUPATION (G.ve kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life every (retired)
Registered Nurse COUNTRY? FEUN sylvania 715 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles H. Knoeller Sarah L. Bunnell Address Same 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NOT _ T (Yes, no, ar unknown) (If yes give war ar dates of service Miss Grace B. Knoeller- Item 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS NO X 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Hom 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Manth, Day, Year 20e PLACE OF INJURY (Hame, Farm, 20d INJURY OCCURRED (City or town) (Caunty) (State) Hour o.m. factory, street, affice bldg., etc) Not While at work 21. I certify that (1) (this hospital) attended the deceased fram , 1967, that (I) (we) last to 2-11 M, from causes and an the date stated above saw the deceased alive an 1967, and that death occurred at 25 22a SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION Lisle Cometery 2Sq REC'D BY REGISTRAR FUNERAL DIRECTOR DATE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR:

VR A15 (4) 25M 1/67

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Dines Edition of the Constitution

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02655 02649 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived if institution Residence before admission) o. COUNTY o. STATE b. COUNTY / Prince George's MARYLAND Maryland b. CTY OR TOWN (It outside corporate mits, write RURAL and give nearest town) c JENGTH OF STAY IN 16 c CITY OR TOWN (I outside corporate imits write RURA, and give negrest town) DOA Fort Meade Riverdale d NAME OF HOSPITAL OR INSTITUTION (It not in hospito), give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? Office along with form 1111 Lst. US Army Medical Lab. in Item 18. Give Pages Leland Memorial Hospital YES NO-M-ddle 3 NAME OF 4 DATE Doy Year DECEASED OF EAN 19 67 Terry DEATH 9 AGF (In years IF UNDER 1 YEAR NEVER MARR ED IF LINDER 24 HRS 6. COLOR OR RACE 7 MARRIED 8. DATE OF B RTH ost birthdoy) Months Doys Hours WIDOWED D VORCED 0-30-1943 Female Negro 100 USUAL OCCUPATION (Give kind of work done during post of yorking life, even if ref red) 10b KIND OF BUSINESS OR 12 CUT ZEN OF WHAT 11 B RTHPLACE (State or foreign country) Chief Medical Examiners 13. FATHER'S NAME 14 MOTHER 5 MAIDEN NAME 17. INFORMANI 15. WAS DECEASED EVER IN U.S. ARMEDISORCES? /B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Laceration of brain ONSET AND DEATH any event word DUE TO Trauma - auto accident Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoling the underlying couse lost. 19 WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO TX 200 EXTERNAL CAUSE WAS PRIMARY Decreased to Contributing 20b DESCR.BE HOW N. LRY OCCURRED (Enter noture of injury in Port or Port 1 of tem 18) CAUSE OF DEATH Driver of car involved in collision 20d INJURY OCCURRED -20e PLACE OF N.URY (Home form 20f (City or town) 20s T MF OF NURY Month Dov. Year (County) / While of work of work Rt foctory street office bldg , etc.) may be retained for your FUNERAL DIRECTOR: Page 19 67 Laurel, Maryland 2) I certify that I took charge of the remains described above, held on Autopsy 1. Inquiry x, ond in my opinion Inspect on ... Undetermined manner deoth resulted from. Notural edites Accidental ad. Suicide . Homic de CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health prior DEPUTY MEDICAL EXAMINER NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street city town, or county): 25b REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1 67



DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02656 HEALTH DEET PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE **b.** COUNTY delay is ond 3 to Page Prince George's Prince George's
b CITY OR TOWN (If auts de carparate limits, MARYLAND Marvland the Stote Deportment c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b. puo write RURAL and give nearest town) Clinton DOA Upper Marlboro d NAME OF HOSP TAL OR INSTITUTION (If not in haspita, give street address) d STREET ADDRESS e 15 RESIDENCE Office along with form ON A FARM? in Item 18. Give Poges Southern Maryland Medical Center 9711 Wymann Way YES NOX 3. NAME OF First Midd e Last 4 DATE Manth Year DECEASED 0F 19 67 (Type or print) Keefer Thompson DEATH Linwood S SEX AGE (In years F UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH last birthday) Months Days 72 hours after death. WIDOWED DIVORCED White 8 March 1888 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life even fret red) COUNTRY ? INDUSTRY Md Retired engineer Railroad 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Festes Mosby Thompson E Griffith Martha 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR.TY NO (Yes, no, or unknown) (If yes give war at dotes of service) Chief Medical Margarite Thompson Upper "arlboro, Md. 705 10 2020 in ony event within pending no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY. CHELLAND BEATH Pulmonary embolus IMMEDIATE CAUSE (a) _ certificate should writing the word 4601 DUE TO Cond't ons, if ony, which gove unknown Phlebo-thrombosis. lower extremities (b) rise to immediate cause (a), DEDUC AND stating the underlying cause forworded and fast Coronary arteriosclerotic heart disease unknown used PART I OTHER SIGNIFICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY removol, FICATION PERFORMED? YES X NO the certificate, 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of in ury in Part I at Part II of Iem 1B) 3 should CERT should 0 CAUSE OF DEATH. cremation, MEDICAL 20d NULRY OCCURRED 20e, PLACE OF INJURY (Hame, farm (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) While Not While at wark at wark 21. I certify that I took charge of the remains described above, neld on Autopsy \(\overline{\omega}\), Inspection \(\overline{\omega}\). Inquiry 😿 , and in my opinion DIRECTOR: deoth resulted from: Noterol/couses Accident [Suicide Homicide Undetermined monner the funeral director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 5 m., TO FUNERA. Health prior ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** Riverdale, Md. John Kehoe, M.D. Address (Street, city, town or county) NAME (Type) 23c NAME OF CEMETERY OR CEMATORY 230 BURIAL, CREMATION. 23b DATE THEREOF 23d LOCATION (City or Town) (County) (State) REMOYAL (Specify) Feb 6, 1967 Ft Lincoln Cemetery Colmar Panor Pro Geo Md. Burial 25a RECD BY REGISTRAR 25b REGISTRAR S SIGNATURE **ADDRESS** 24 FLNERAL DIRECTOR VR A15ME (5) dasch's Sons Hyattsville, Md.

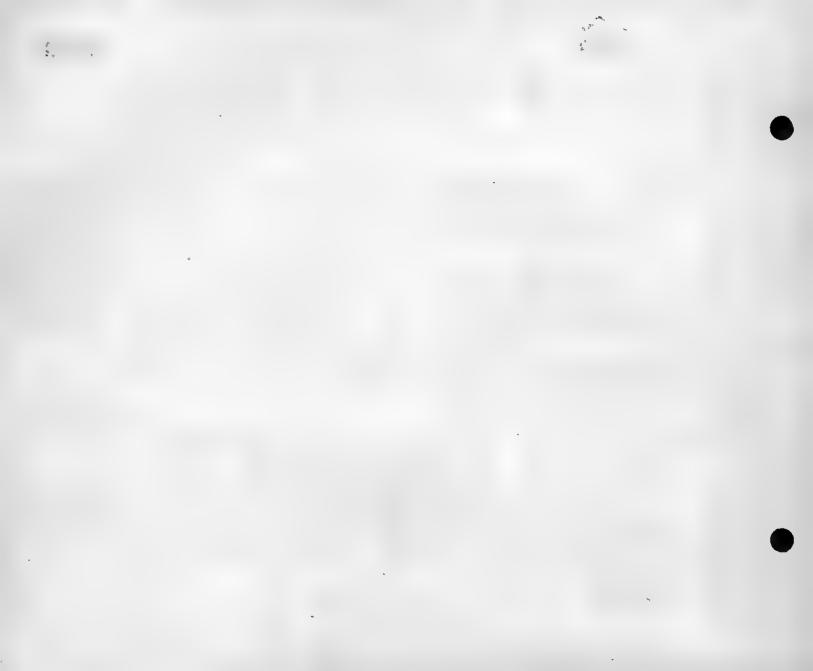


(2:

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02658 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE Maryland p. COUNTY Prince George's PM3 Page the State Department of Prince_George's MARYLAND delay b CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Colmar Manor Cheverly DOA d NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) A STREET ADDRESS e IS RES DENCE ON A FARM? 8. Give Pages 1, 2 along with form 44 Prince George's Hospital 3612 39th Avenue NO D YES be executed within 24 haurs after death NAME OF First Middle DATE Lost Month Day Year DECEASED OF Nelson (Type or print) John Torvestad DEATH February 19 67 S SEY 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years SE UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours Min. any event within 72 haurs after death WIDOWED DIVORCED white May 28. male 10b. KIND OF BUSINESS OR 10o LSUAL OCCUPAT ON (Give kind of work done II BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT dur no most of work ng life, even tretired)
Attorney at law INDUSTRY Law U.S. A. Minnesota File pages _ d pending" in pencil r Chief Medical Examiner' 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ole Torvestad Hanna Lensigraf 12902dBentley Lane IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) permit. 215 36 4134 John A. Torvestad Bowie, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY ONSET AND DEATH Heart failure minutes IMMEDIATE CAUSE (0) This certificate shauld writing the ward DUE TO the Conditions, if any, which gove Arteriosclerotic heart disease over 6 mos 2 rise to immediate couse (a). DUF TO stating the underlying couse be farwarded lost. rsed 19 WAS A TOPSY PERFORMED? removal, PART II OTHER SIGN F (ANT CONDITIONS CONTRIBLE ING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1601 CERTIFICATION execute the certificate, NO Ex 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of stem (B.) 3 should Should Ь PRIMARY I or CONTRIBLE NG I CAUSE OF DEATH files. MEDICAL 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form (City or town) 2Dc TIME OF INJURY Month, Day, Year (County) Hour oim. foctory, street office bldg. etc.) Not While of work at work 21. I certify that I tack charge of the remains described above, he dian Autapsy nspection 🕱 Inquiry soci and in my opinion MEDICAL Natural rauses x death resulted fram: Accident Suicide Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Driar SIGNATURE FUNERAL pe 2-7-67 DEPUTY MEDICAL EXAMINER IK **EXAMINER'S** Health AddRsi trendalten, oMdinty NAME (Type) Kehoe, M.D. John/ 23d LOCATION (City or Town) 230 BURIAL, CREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR (County) 2 Banya Per 2/9/67 Ft. Lincoln Colmar Manor P.G. Md. ADDRESS REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) Francis Gasch's Sons Hyattswille, Md. 6M 1/67 DATE

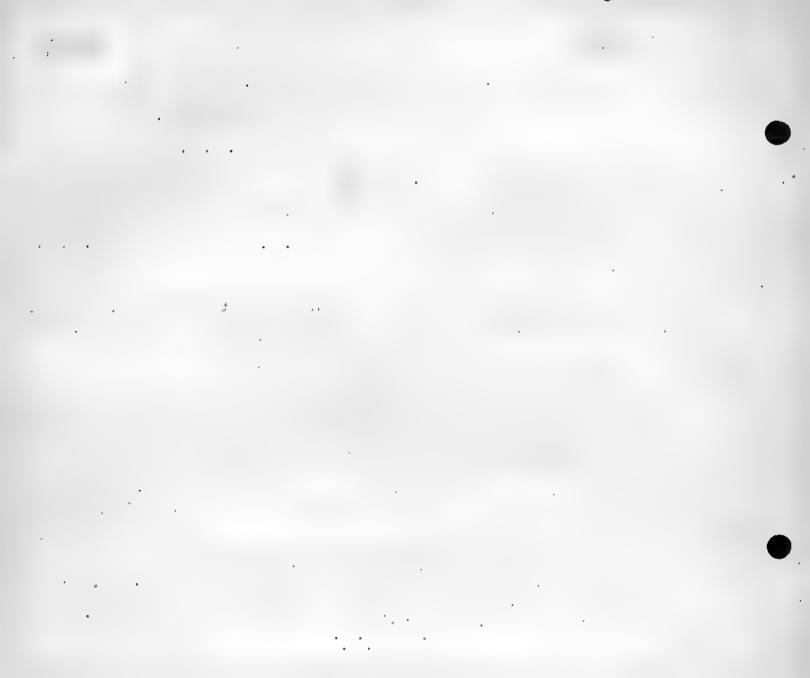
f _1 1

Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. physicion and completely filled in by the funeral 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission). PLACE OF DEATH a. COUNTY a. STATE 5. COUNTY Pr. George's MARYLAND E LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate imits, c. CITY OR TOWN_UE, autside carparate limits, write RURAL and give nearest town) write RURAL and a ve nearest town) corbon papers Paces Pace d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RES DENCE ON A FARM? d. STREET ADDRESS YES A NO [NAME OF 4 DATE Month Day Year DECEASED OF DEATH (Type or print) 4 196 1F UNDER 24 HRS DATE OF BIRTH n years IF UNDER 1 YEAR NEVER MARRIED birthday) Months Days Hours DIVORCED WIDOWED 10g _SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during mast of working Me, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova signed by the offending phy IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) Ь cremotion, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (g) DUE TO tAtic CARCINOMATOSIS Conditions, if any, which gave nse ta immediate cause (a). DUE TO attending | stating the underlying cause as the has been last 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) POGRESSIDE 9 UEXIA NO this certificote fa 20g ACCIDENT WAS UNDERLYING [3] 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (State) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (City or town) (County) Hour om factory, street, office bldg, etc.) Not While While at work TO FUNERAL DIRECTOR: After at wark Page 4 may be retained by 2]. I certify that (I) (this haspital) attended the deceased fram 2 - 11 , 19 67, ta 2-17 . 19**27**, that (1) (we) last 3 should 1967, and that death accurred at 1:30 M, from causes and on the date stated above saw the deceased alive, an _____ 22a SIGNATURE 22b DATE SIGNED **ATTENDING** director, page 3 should be filed v LM.D. PHYS DIRECTOR PHYS 22d 22c PHYSICIAN S ADDRESS NAME (Type) 23g BURIAL CREMATION, 235 DATE THEREOF 23c NAME OF CEMETERY OR GREMATORY 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 24 FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) DATE FEB 20 M 1/66

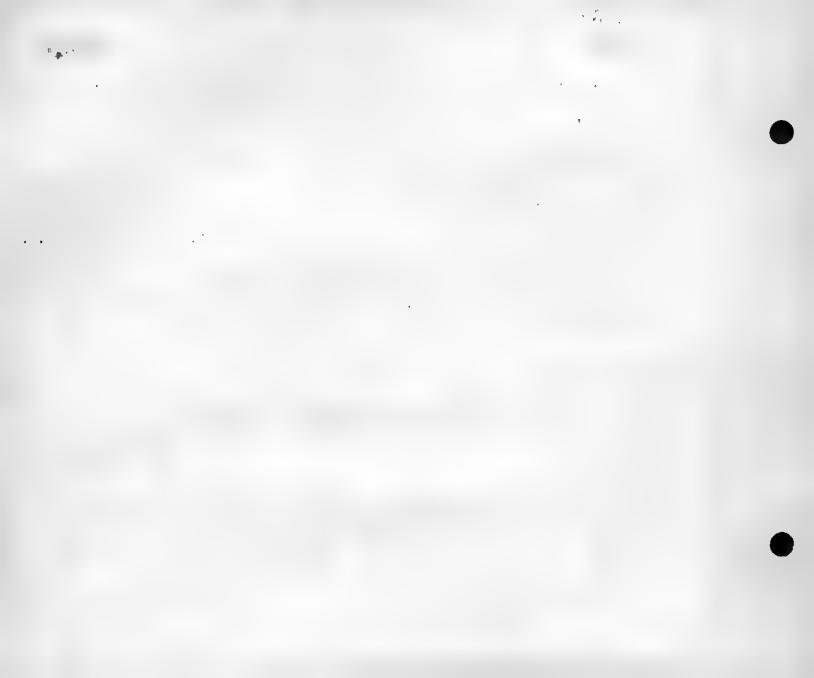


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02660 executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) ve carban papers. Pages / and event, within 72 hours after dear o. COUNTY o STATE **b** COUNTY filled in by the fundamental property. b CITY DR TDWN (If outs de corporate limits, c LENGTH DE STAY IN 16 c CITY OR IDWN-filf outside corporate limits, write RURAL and give negreen town) IS RESIDENCE ON A FARM? HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES T No F 3. NAME OF Middle DATE Month Doy Year remave carban OF DECEASED ucke DEATH 19 Type or print! F UNDER 1 YEAR AGE (In years IF HINDER 24 HR DATE OF BIRTH S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED fost birthday) Months Hours and in any WIDOWED DIVORCED pup 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) (continue be during most of working life even if retired) **COUNTRY?** physician 13. FATHER'S NAME MOTHER'S MAIDEN NAME cremation, ar remayal, attending pry-15 WAS DECEASED EVER IN U.S ARMED FORCES?
(Yes, po, or unknown) (If yes give wor or dotes of service) INFORMANI 16. SOCIAL SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (g)r(b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO buriol Conditions, if any, which gave (b) rise to immediate couse (o), DUE TO stoting the underlying couse as the prior to b has been lost WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO After this certificate ĮQ. 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I on Port II of item 18) 4 may be retained by the haspital OR CONTRIBUTING L. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f (City or town) (County) (Stota) 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg , etc.) Hour o.m. Not While of work of work 21. I certify that (I) (this hospital) attended the deceased from M. from couses and on the date stated above and that deoth accurred at O FUNERAL DIRECTOR: saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 shauld be filed w DIRECTOR M.D. PHYS. PHYS. 22d 22c. PHYSICIAN S ADDRES NAME TYPE 23c. NAME OF CEMETERY, QR CREMATORY LOCATION (City or Town) 23d (County) (Stote) BURIAL CREMATION 23b. DATE THEREOF REMOVAL (Specify)/) 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ADDR **FUNERAL DIRECTOR** VR A15 (4)





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02662 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY °HVattsville. P.G. County Riverdalewaryland P.G. County c. LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest town) campletely filled in by the b. CITY OR TOWN (If autside carparate limits, Riverdale. 6Days Hyattsville. d. STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 5103 43rd Ave. Eugene Leland Hospital YES NO P 3. NAME OF First Middle Lost 4. DATE Manth Year carban DECEASED February Emilv Watson A 19 67 eyent, (Type or print) DEATH IF UNDER 24 HRS DATE OF BIRTH F UNDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years please remove inst birthdoy) White 3-27-90 Female WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done 1) BIRTHPLACE (County & State, or foreign country) during mast of working the, even it retired INDUSTRY Washington. D.C. COUNTRY? U.S.A. COUNTY OFFICE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CLADMON HAKNOWN 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give wor or dates of service) Eugene Leland Hospital. 4408Queensbury Dr. BNKNOWN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) INTERVAL BETWEEN **burial-transit** ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HEMORRHAGE IMMEDIATE CAUSE (o). DUE TO ARIGRIOS CLEROIS UNKNOWN Conditions, if any, which gave rise ta immediate couse (o), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO Page 4 may be retained by the haspital or ģ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (State) 20c TIME OF INJURY Month, Day, Year (County) Hour a.m. factory, street, office bldg., etc.) Not While of work ot work 21. I certify that (I) (this has mital) attended the deceased from. , 1967 , to 13 FEB , 1967, that (I) (we) last FEB 19 LZ, and that deoth occurred of 6/2 PM, from couses and on the date stated above. 13 FEB saw the deceased alive on_ 22a, SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING 2-13 M.D. 22d. ADDRESS 22c. PHYSICIAN'S HOUMANN NAME (Type) RIVERDALE, MD director, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, CEMETERY EDAR 256. REGISTRADS SIGNATURE Quidge 24 FUNERAL DIRECTOR RIVERDALE, MD 2Sa. REC'D BY REGISTRAR Charles W. CHAMBERS



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#23 a,b,c 02663 Item 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH o. STATE Maryland b. COUNTY Prince George o. COUNTY Prince George MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 CTITE PURAL And give nearest town) Tuxedo d STREET ADDRESS e IS RESIDENCE ON A FARMS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 5811 Arbor Street Prince George General Hospital Nort Middle NAME OF First 4 DATE Month Last Doy Year DECEASED (Type or print) WATTS OF DEATH ETHEL Feb. 67 B. IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED (ay) (dirthday) Months Davs Haurs Jan. 29, 1892 Female White WIDOWED DIVORCED 100 JSUAL OCCUPATION (Give kind of work done during the dewring the even if retired) 11. BIRTHPLACE (County & State, or fareign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT Www Home COUNTS? A. Washington D. C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ardell C. Reed ames T. Pryor IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates of service) 219 48 1322 (husband) Wilton E. Watts Sr. Same as #2 INTERVAL/BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))
PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE (AUSE (a) DUE TO 5511 Canditians, if any, which gove rise to immediate cause (a), **DUF TO** stating the underlying cause be retained by the haspital ar attending lost. 19. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has NO þ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or fown) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year Not While factory, street, office bldg., etc.) at work 196 (that (I) (we) last 1950 , to 8 21 | certify that (1) (this haspital) attended the deceased from 1967, and that death occurred at 4101M, from causes and on the date stated above. saw the deceased alive on... 8 FMI 22b. DATE SIGNED 2/8/67 22a SIGNATURE M D DIRECTOR directar, page 3 shauld be fil∎d v PHYS. 22d. ADDRESS 22c. PHYSICIAN'S John Kehoe , M. D. 6300 Riverdale Rd. Riverdale, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 230 BURIAL, CREMATION REMOVAL (Specify) 2/11/67 Ft. Lincoln Cemetery Colmar Manor Pr. Geo. 25b. REGISTRAR S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 25o. REC D BY REGISTRAR VR A15 (4) 20 M 1/66 fall in COATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Items #3&11 infor CERTIFICATE OF DEATH cert. 2/15/67 pc 02664 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death deoth completely filled in by the funeral tove carban papers. Pages 1 gard I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY Prince George's o. STATE b. COUNTY Prince George's ease remove carban papers. Pages I and it any event, within 72 haurs after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)

Chevenly c. LENGTH OF STAY IN 16 Hyattsville lday € 22 hrs d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince George's General Hospital 6223 Fernwood Terrace YES NO Middle 4 DATE Month 3 NAME OF Year DECEASED Brentweissman 19 67 Scott Feb. (Type or print) DEATH IF UNDER 1 YEAR IF LINDER 24 HRS. 9. AGE (In years DATE OF BIRTH 5 SEX 6 COLOR OR RACE NEVER MARRIED lost birthdoy) Months Dovs Feb. 5. '67 White Male 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Cheverly, Pr. Geo. Co. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lurial, crematian, ar remaval, Owen Weissman Gail Barbara Sperber 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. signed by the attendir burial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I, DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) physician. DUE TO Conditions, if any, which gove rise to immediate couse (a). DUF TO stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. af Health ∎riar ta lost. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 YESXX NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 3 shauld be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (Stote) (City or town) (County) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office blda., etc.) Hour o.m. Not While at work ot work e deceased fram_2/5____, 1967, ta___2/7___, 1967, thot (1) (we) last _1967, and that death accurred at 11.57 M, from causes and on the date stated obove. 21. I certify that (1) (this hospital) attended the deceased fram 2 sow the deceased alive on. 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. **ATTENDING** Feb. 7, 1967 director, page 3 shauld be filed v M.D. 22d. ADDRESS 22r PHYSICIAN'S 4637 Eastern Ave. Washington, D.C. NAME (Type) chamad Sherry 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23o. BURIAL, CREMATION Cremation Prince Georges Gen Hosp Cheverly 25b. REGISTRAR'S SIGNATURE Mary Land 250. REC'D BY REGISTRAR **EUNITRAL DIRECTOR** VR A15 (4) 1967 DATE FEB W. Penn. Jr., Admin. Cheverly, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #11 infor OF DEATH cert. 02661 requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) completely filled in by the funeral 1. PLACE OF DEATH Prince George's OUNTY Prince George's o. STATE Marvland MARYLAND papers. Pages 1 hin 72 haurs ofter b CITY OR TOWN (.f outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) 3 hrs.10 mins Hvattsville Cheverly d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Prince George's General Hospital YES T NO 3000-76th Ave. Kentland 3. NAME OF Lost 4. DATE Doy Year DECEASED Baby Girl Weston (Type or print) DEATH Feb. 1967 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS S SEX 8 DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED White Female Feb. 28, 1967 and in an 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10o JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Kentland, Md.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or remayal, Gloria Jean P. Colev Michael Wayne Weston 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO 17. INFORMANT Address signed by the attendir burial-transit permit. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending as the priar ta O FUNERAL DIRECTOR: After this certificate has been last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 5 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office blda., etc.) of work at work . 1967 , to Feb. 28. , 1967 , that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram FEb. 28. saw the deceased alive on Feb. 28. 1967, and that death accurred at 1:30 My from causes and an the date stated above 22o. SIGNATURE 22b DATE SIGNED **ATTENDING** DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN S Prince George's General Hospital NAME (Type John W. Perkins, M.D. directar, shauld br 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION. 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) PG Maryland Prince Georges Gen. Cheverly Cremation Hosp. 25b. REGISTRAR S SIGNATURE 2So. REC D BY REGISTRAR 24 FUNERAL DIRECTOR Minutes VR A15 (4) Admin -Cheverly, Md. Fenn, Jr., 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

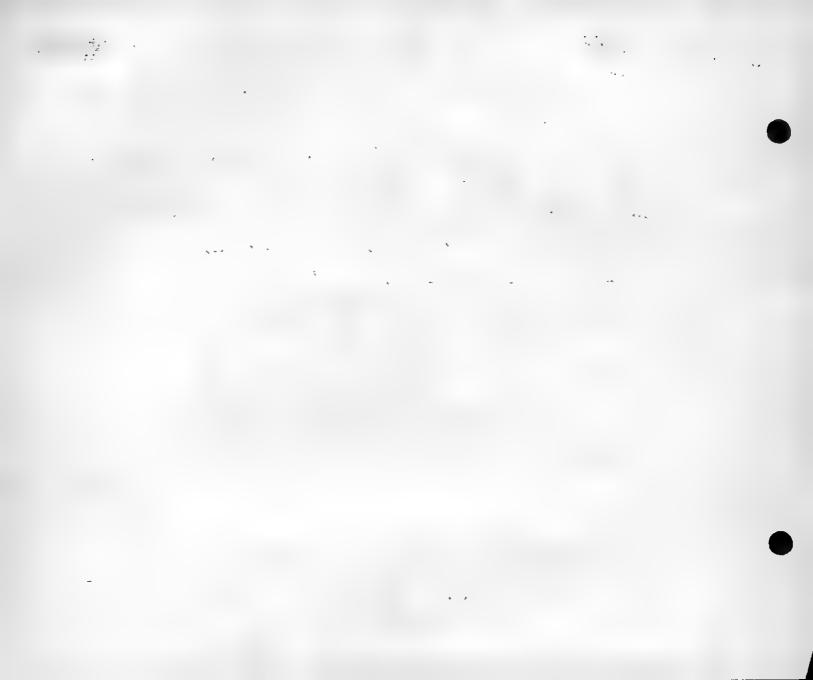
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	MARYLAND STATE DEPARTMENT OF HEALTH
1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1266 ltem #ll infor. taken from birth cert, 1266
	12666 Item #11 infor. taken from birth cert 02662
death death	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived if institution Residence before admission)
fune for d	o COUNTPPrince George's Maryland Prince George's
the the safes a aff	b (TY OR TOWN (it outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
by P. P. Pour	Cheverly 1 day Riverdale / / /
24 H	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince George's General Hospital 5401 - 56th Place 9. IS RESIDENCE ON A FARM? YES \(\sum NO \)
nith military and	3 NAME OF First Middle Lost 4. DATE Month Doy Year
T with	OF OF OTHER PROPERTY OF THE PR
xecuted was complete grove, carb	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 14 HRS Inst burthdox) Months Days Hours Months Days Months Days Hours Months Days Months Mont
ex p	Male White WIDOWED DIVORCED Feb. 26, 67 yrs. 1-1/3
be n or din	10b. LIND OF BUSINESS OR 11 BIRTHPLACE (Country & State, or foreign country) 12. CIT ZEN OF WHAT COUNTRY?
icate Sicia plear	Cheverly, Md. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME
ertif phy nen iava	David Russell Wetklow Sherie Lynn Darneille
ding the crem	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 (INFORMANT Address (Yes, no, or unknown) [(If yes give wor or dotes of service)]
dea iffen ermit n, ar	(185, ID, DI BIRKIDWIT) (II Yes give wor or odes or service)
The law requires that the death certificate be executed within 24 haurs after death, attending physician. has been signed by the attending physician and campletely filled in by the funeral se as the burial-transit permit. Then please remove carban papers. Pages I and 2 th priar ta burial, cremation, ar remaval, and in the prior ta burial.	1B. CAUSE OF DEATH (Enter only one couse per line for (o) (b) ond (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (c)) ONSET AND DEATH ONSET AND DEATH
that an. by t rans crem	IMMEDIATE CAUSE (o) VIELLE LOGITY S
rres ysici ned rial-1 rial-1	Conditions, if any, which gove) (b)
requestion signature of the signature of	rise to immediate couse (o). stoting the underlying cause DUE TO
te faw re ttending as been as the priar ta	bost. (c)
PHYSICIAN: The law re the haspital or attending this certificate has been efacthed far use as the Ebept. af Health priar ta	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED?
AN: The	YES NO [] 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I of Idem 1B.)
ATTENDING PHYSICIAN: etained by the hospital or CTOR: After this certificate should be detached far urill the State Dept. af Heal	S OR CONTRIBUTING CAUSE OF DEATH
by the haspit from this certifulate the detached State Dept. of	3 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)
VG The the transfer the dei	p.m. '' Grwork 🗀 Sr Work
MDII d by d be d be	21. i certify that (i) (this hospital) attended the deceased fram Feb. 26, , 1967, ta FEb. 27, , 1967, that (I) (we) lo saw the deceased give on FEb. 27, 1967, and that death occurred at 11:50% fram causes and on the date stated above
R ATTENI retained RECTOR: A 3 shauld with the	226 SIGNATURE 22h DATE SIGNED
OR A be ref be ref or seed wife	220. SIGNATURE M.D. ATTENDING MED AM STAFF 22b. DATE SIGNED 7
AL ay by by tille page	22c PHYSICIAN'S NAME (Type) Milos A. Jansa, M.D. 22d ADDRESS 7403 Varnum St. Landover Hills, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be refained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed wit!!! the State Dept. at Healt	
Hour Hour	230. BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Cremation 3/4/67 Prince Georges Gen. Hosp. Cheverly PG Marylan
	24 FUNERAL DIRECTOR 256. REGISTRAR 3 SIGNATURE
VR A15 (4)	Harry W. Pohn, Jr., Admin, Cheverly, Maryland DAIE MAR 7 1967 Clearles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02667 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (where deceased fixed if institution Residence before admission) o. STATE b. COUNTY p. COUNTY ō Prince George Prince George MARYLAND File pages 1 and 2 with the State Department c CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 b CTY OR TOWN (If outside corporate mits, write RURAL and give negrest town) Cheverly DOA Clinton IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 4 should be forwarded to the Chief Medical Examiner's Office along with form Prince George General Hospital in Item 18. Give Pages This certificate should be executed within 24 hours after death 3 NAME OF 4 DATE DECEASED (Type or print) Willett. DEATH Robert Lyma n IF UNDER 1 YEAR 9. AGE (In years S SEX 6 COLOR OR RACE 8 DATE OF BRITE 7. MARRIED NEVER MARRIED lost bythdoy) Months 12 May 1888 WIDOWED DIVORCED White 100 JUA, OCCUPATION (Give kind of work done Db KIND OF BUS NESS OR 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ofter MARY LANT

14. MOTHER'S MA DEN NAME FARMER 13 FATHERS NAME TOBACCO event within 72 hours CHARLES 17 INFORMANT IS WAS DECEASED EVER NUS ARMED FORCES? (Yes, no, or unknown) If If yes give wor or dates of service BADEN UNKLE KTZ 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Heart failure IMMEDIATE CAUSE (o) __ Minutes DUE TO Conditions, if any, which gove Arteriosclerotic heart disease Unknown rise to mmediate couse (a). DUE TO stating the underlying couse 9 WAS AUTOPSY PERFORMED? be used PART IL OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) or removal, NO TX 2Da EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of inury in Port I or Port II of Item 18) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TME OF INJURY Month, Day, Year 2DF (City or town) (Stote) 20d INJURY OCCURRED 2De PLACE OF N.URY (Home, farm (County) Not While foctory, street, office bldg., etc.) Hour o.m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 🔼 Inquiry (30), ond in my opinion Suicide F No Cral couses XX Accident death resulted from Homicide Undetermined manner director CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLITY MEDICAL EXAMINER 2-20-67 **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) John Kehoek.D. Riverdale 23d (OCATION (City or Town) 0 RIST CHURCH CEM. Acco 250 RECD BY REGISTRAR 24 FUNERAL VR A15ME [5] 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02668 CERTIFICATE OF DEATH ompletely filled in by the funeral ve carbon papers. Pages 1 and 2 event, within 72 hours ofter death. requires that the deoth certificate be executed within 24 hours after deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p COUNTY e STATE Maryland **b_COUNTY** Prince Georges Prince Georges MARYLAND b CITY OR TOWN (If outside corporate limits,
USAF HOSP Andrews, Andrews AFBc CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 1 month Forestville d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS filled i USAF Hosp Andrews, Andrews AFB, Wash D.C. 4513 Rena Roud NO 🛖 3 NAME OF Middle 4. DATE OF Month Day Yeat DECEASED (Type or print) John Wesley P. Willix Feb DEATH 67 6 COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED AGE (In years remove last_birthday} Months Days Hours Male 22 Nov 1917 Cauc WIDOWED DIVORCED 100 USUA, OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of work no life, even if retired) INDLSTRY COUNTRY? Pledse Garden County, Georgia TISA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal James David Willix Rosa Wilkins WAS DECEASED EVER IN ILS. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give wor or dates of service)
Yes Unk to May 65 Rosa Bandy (Mother), Calhoun, Georgia 254-12-9633 CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriof-tronsit buriof, cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause hos been be detached for use as the State Dept. of Health prior to last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO F O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While at wark at work 2]. I certify that (I) (this haspital) attended the deceased fram JUNE-1966. ta 4 2- 1967, that (I) (we) last 196 /, and that death accurred at 720c A M, from causes and an the date stated above. saw the deceased alive an 3 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR M.D. PHYS. PHYS. 22c PHYSICIAN'S 22d, ADDRÉSS TO HOSPITAL NAME (Type) 23a BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BIREMOVAL (Speafy) 2/7/67 Arlington National Arlington, Virginia **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wilhelm Funeral VR A15 (4) 20 M T/66 FEB Miante 4308 Suitland Rd. Suitland, Maryland DATE

* 1 .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02665 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2 USUAL RESIDENCE (Where deceosed lived, finstitution Residence before admission) PLACE OF DEATH b. COUNTY o. STATE o. COUNTY District of Columbia Prince George's MARYLAND delay b (TY OR TOWN (If outside corporate mits, write RURAL and give nearest town) c JENGTH OF STAY IN b c CIY OR TOWN (If outside corporate limits write RURAL and give nearest town) unknown Washington Lanham IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS alang with farm NO DE 1101 7th. Street. S.E. 1 mile north of Seabrook Rd. Crossing be executed within 24 haurs after death 3 NAME OF Middle 4. DATE Year Lost DECEASED 1967 Winslow DEATH Willie (Type or print) Arthur IF UNDER 1 YEAR F UNDER 24 HRS 8 DATE OF BIRTH AGE (n veors S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Haurs death. DIVORCED WIDOWED 5-13-1946 20 Office land 2 Male Negro .1 BIRTHPLACE (State or fore gn country)
Washington, D.C. 12 CITIZEN DE WHAT 10b KIND OF BUSINESS OR 100 USUA, OCC. PATION (Give kind of work done during most of working life even if retired) INDUSTRY unknown nding" in pencil in Medical Examiner's 14 MOTHER S MA DEN NAME 13 FATHER'S NAME William N. Winslow Lillian Jones File 17 INFORMANT 16 SOC AL SECURTY NO IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service event within William Winslow-1421 South Car. Ave. NTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) ONSET AND DEATH burial-transit PART DEATH WAS CAUSED BY cate, writing the ward 'pe be farwarded ta the Chief IMMEDIATE (ALSE (6) Decerebration JUXX DIJE TO in any Conditions, if ony, which gove (b) rise to immediate cause (a). DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER'S GNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Page 3 shauld be used crematian, ar remaval, CATION NO IK 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of inury in Port I or Port II of item 18) 20o. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING [] CERTIF 3 shauld shauld CAUSE OF DEATH Struck by train MFDICAL (County) 20e. P.ACE OF INJURY (Home, form Lanham, Md. 20c TIME OF INJURY Month Doy, Year foctory street office bldg etc) Hour oim of work mile north of Seabrook Rd. Crossing 2-1.6at work Inspection 🔀 , Inquiry 📆 , 21. I certify that I took charge of the remains described above, held on Autopsy ... and in my opinion Su'cide Undetermined manner death resulted fram. Natural cooses / Accident Homicide | DIRECT CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASS STANT MEDICAL EXAMINER prior SIGNATURE FUNERAL the funeral DEPUTY MEDICAL EXAM NER **EXAMINER'S** Riverdale, Md. F Hea th Address (Street city town or county) NAME , Type) John/ Kehoe, M.D. 23d LOCATION (City or Town) (County) 230. BURIAL CREMATION 0 Burial (Specify) 2/21/67 Lincoln Memorial Ceme. Maryland 256 REGISTRAR'S SIGNATURE 250 RECD BY REGISTRAR Home-4001 Benning Rd. VR A 15ME .5. N E

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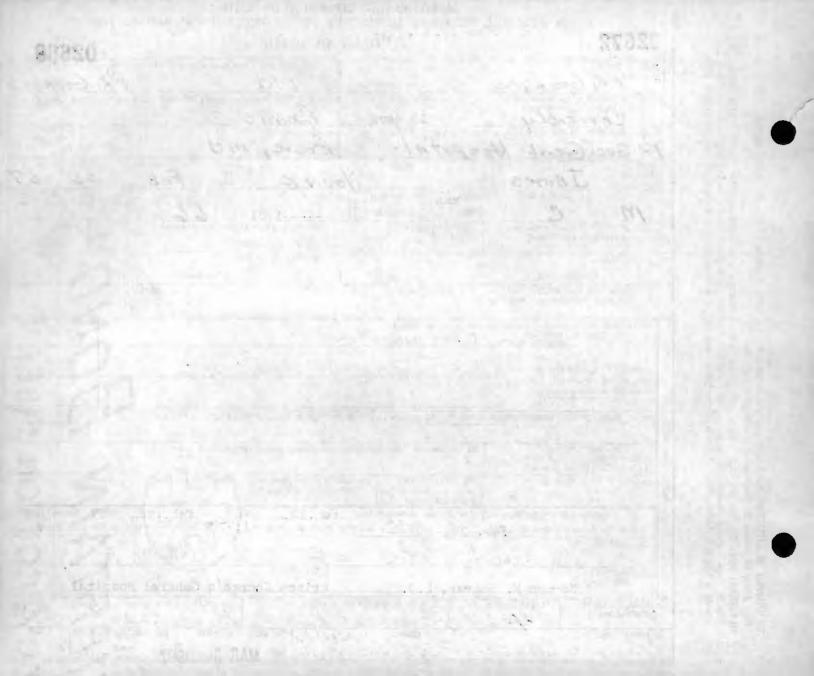


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02671 CERTIFICATE OF DEATH executed within 24 hours after death filled in by the funeral papers. Pages 1 and USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY Georges MARYLAND Prince Georges b CITY OR TOWN (f guitside corporate +mits. CLENGTH OF STAY IN 16 c CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest town) we'te RURAL and give neorest tawn) D. O.A. Cheverly Lanham d. STREET ADDRESS Jimber Lane d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) e IS RES DENCE ON A FARM? Prince Georges Hospital 4608 Dischardings Charge YES NO SZ corban 3. NAME OF Middle 4 DATE Month DOY DECEASED William February 196 7 (Type or print) OULA Wubbana DEATH F UNDER 1 YEAR SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS _last birthday) Months Days white January 5. male WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country). during most of working life, even if ret red) COUNTRY? please Ret. transportation special Standish, Michigan 13. FATHER'S NAME removol, attending phys Jan Wubbena requires that the death cert Catharina Jungjohann IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Lane 4608 (Yes, no, or unknown) (if yes give war or dotes of service) ian, or 700-01-6403 Mande M. Wubbena Canham Maruland INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter an y one cause per line for (a), (b), and (c).) signed by the buriol transit cremati ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a). stating the underlying cause prior to l lost. 19. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES 🗔 NO R O FUNERAL DIRECTOR: After this certificate 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [letached f e Dept. of k OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 2Ge. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While saw the deceased alive an 704.17 1967, and that death accurred at M, fram causes and an the date stated above 22a SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S director, por NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL CREMATION 23b DATE THEREOF REMOVAL (Specify) Arlington Nat'l Cemetery Arlington, 250. RECUBY REGISTRAR 96725b. REGISTRAR'S S GNATURE FUNERAL DIRECTO VR A15 (4) 20 M 1/66 DATE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH 02672 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY R. GEORGES and in any event, within 72 hours after GEORGES MARYLAND within 24 hours after CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town b. CITY OR TOWN (If outside corporate limits. write RURAL and give neorest jown 13 days hercr filled in d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) SKING YES NO [NAME OF Middle 4. DATE Month Dov Year and campletely OF DECEASED mes (Type or print) DEATH the death certificate be executed IF UNDER 1 YEAR S. SEX 7. MARRIED DATE OF BIRTH AGE (In years UNDER 6. COLOR OR RACE NEVER MARRIED hirthdoy) Months Days Hours WIDOWED DIVORCED ----1901 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) **INDUSTRY** physician Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, ar remayal, Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [(If yes give wor or dotes of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ARCINOMATOSIS IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO OF THE LUNG Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse **DIRECTOR:** After this certificate has been ge 3 should be detached for use as the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) with the State Dept. of Health NO L 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING C OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While ot work of work 2]. I certify that the first haspital) attended the deceased from Feb. 13. , 1967, to Feb. 26., 1967, that (1) (we) last 19 67, and that death occurred at 1:40PM, fram causes and an the date stated above saw the deceased alive an Fab 26 22b. DATE SIGNED 22o. SIGNATURE M.D. DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S O FUNERAL NAME (Type) Prince George's General Hospital Norman K. Bohrer 23c. NAME OF CEMETERY OR CREMATORY 23d-LOCATION (City or Town) (Stote) 230. BURHAL CREMATION 23b. DATE THEREO! REMOVAL (Specify) moul 2Sb. REGISTRAR'S SIGNATURE Washol 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) ome 3831 Fa arx Mu DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02673 CERTIFICATE OF DEATH within 24 hours after death. by the funeral Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) deat 1. PLACE OF CEATH o. COUNTY o. STATE b. COUNTY MARYLAND Prince Georges leose remove carbon papers. Pages 1 ond in ony event, within 72 hours after Marvland b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) c LENGTH OF STAY IN 1b Cheverly 15 days Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE pricion and completely filled in please remove carbon papers. ON A FARM2 NO Prince Georges General Hospital 5001 Riverdale 3. NAME OF Middle 4 CATE Last Day Year OECEASEO (Type or print) B. Josephine Zier DEATH Feb be executed AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIEO NEVER MARRIED last birthdoy) Months Days Hours 1897 WIDOWED 4 DIVORCED 7 Nov. Female White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? A. Www Home difforms of werling the, even if retired) Pennsylvania 9 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME ottending Pro cremation, or removal, Henry Bloser Marv E. Fox 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates of service) The law requires that the death Mr. Jacob H. Zier Same as #2 Unknown INTERVAL BETWEEN 1B. CAUSE OF OEATH (Enter only one cause per line for fat (6), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the buriol-tronsit p ONSET AND CEATH IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. DUF TO Canditians, if any, which gave rise to immediate couse (a), DUE TO far use as the t stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO XXX 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) 20o. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased fram. 7, and that death occurred at 5.05 MM from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o, SIGNATUR MED. DIRECTOR PHYS. M.D. 22d. ADDRESS NAME (Type) Julius Kauffmen, M. D. 6501 Landover Rd. Cheverly, Md. director, should br 23c. NAME OF CEMETERY OR CHAMATTERY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) BURIMPYAL (Specify) 2/21/67 Cedar Hill Suitland P.G. Md. 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR VR A15 (4) DATE FEB 20 M 1/66